

Name
in
Full

Elizabeth Auders

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Union Bridge	Carroll.				
Date of death	1908. Nov.	Month 10	Day	Age 74	Years	Months
Sex	Female	Color or Race	White	Birth-place		
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Jesse Auders			
Father's Name	Israel Morris		Father's Birthplace	Md		
Mother's Maiden Name	unknown		Mother's Birthplace	unknown		
Name of person giving Information	Cleveland Auders		How related to deceased	Son		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary

Gastro-enteritis acute

How long

5 days -

Immediate

Heart failure

How long

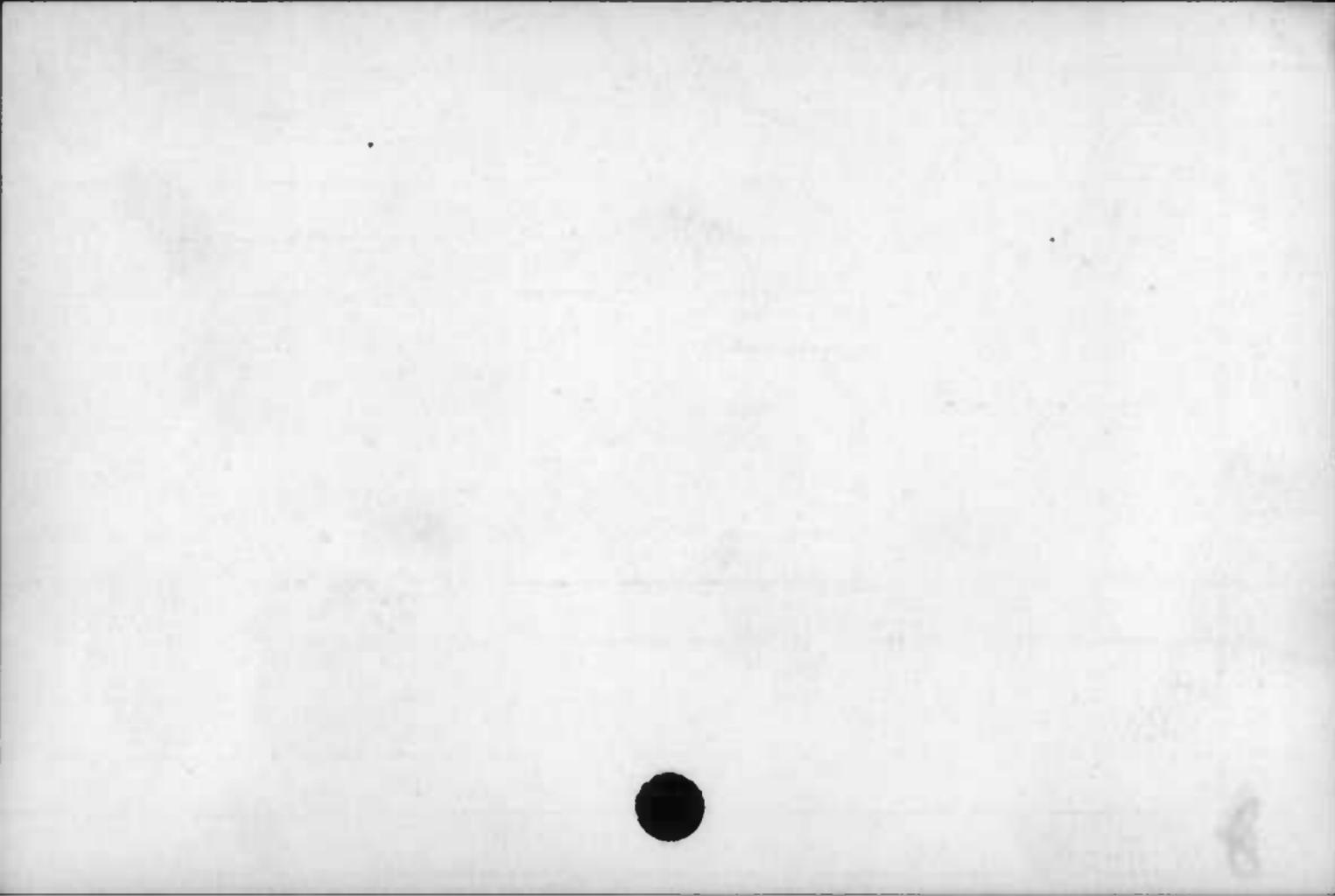
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James Watt
Union Bridge Md -

Accident or Suicide?



Name
in
Full

Effa Barnes

No. 414
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Nov	Day 19	Years	Months	Days 3
Sex	Female		Color or Race	White		Birth-place
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Amelia Barnes		Father's Birthplace			
Mother's Maiden Name	Ida M. Stricker		Mother's Birthplace			
Name of person giving information	Mary L. Slaughter		How related to deceased			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. F. Wells

Gamber

Aid.

Accident or Suicide?

Sharrer

Gamber

Margaret E. Bellison ✓

CERTIFICATE OF DEATH

MARYLAND

Died at Porters	Town	County Carroll				
Date of death 1908	Month 11	Day 16	Years Age 66	Months 9	Days 2	
Sex Female	Color or Race White	Birth-place Frederick Co., Md.				
Occupation House work	Where Residing if not at place of death Porters, Md.					
Married, Single or Widowed Widow	Name of Wife or Husband Thos. Bellison, deceased					
Father's Name David Wolfe.	Father's Birthplace Duch Co. Md.					
Mother's Maiden Name Mary Boone	Mother's Birthplace Fred. Co. Md.					
Name of person giving information William Truwith	How related to deceased Sow.					

CAUSES OF DEATH

40

Primary Carcinoma of Liver	How long 2 yrs
Immediate "	How long —
Are the name, age, sex, color, date and place correctly given above? yes,	Signature of Physician E. D. Cernuk
	Address Winfield Md.
Accident or Suicide? J	

Breakfast

Name
in
Full

Nannie Fessler Berwager.

No. 413
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	1908 Nov.	18 Day	Age 5 Years	2 Months	12 Days
Sex	Female	Color or Race	White	Birth-place	Tannery, Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John S. Berwager			Father's Birthplace	Carroll Co., Md.
Mother's Maiden Name	Sabina Sherman			Mother's Birthplace	Harrisburg, Pa.
Name of person giving information	John S. Berwager			How related to deceased	Father

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

3 weeks

Immediate

Uremia & cardiac failure

How long

One week.

Are the name, age, sex, color, date and place correctly given above?

Yes!

Signature of Physician

Address

Harry Fessler Baer

Tannery,

Carroll Co., Md.

8

Accident or Suicide?

Sharon
Lester

Name
in
Full

Child of William Black

418

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town <u>Westminister</u>	County <u>carroll</u>	MARYLAND		
Date of death	Month <u>Nov.</u>	Day <u>30</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>2 hrs</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth- place <u>md</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>William Black</u>					
Father's Name <u>William Black</u>	Father's Birthplace <u>Baltimore Md.</u>					
Mother's Maiden Name <u>Lillian M. Irwin</u>	Mother's Birthplace <u>Baltimore Md.</u>					
Name of person giving Information <u>—</u>	How related to deceased <u>—</u>					

CAUSES OF DEATH

176

Primary <u>difficult delivery</u>	How long <u>several hrs</u>
Immediate <u>Cephalic Injuries</u>	How long <u>2 hrs.</u>
Are the name, age, sex, color, etc. and place correctly given above? <u>yes</u>	Signature of Physician <u>L. K. Woodward</u> Address <u>Chas. R. Footz</u> <u>Westminister</u> <u>Md.</u>
8 Accident or Suicide? <u>—</u>	

Westminster Cemetery
Stone

Name
in
Full

Henrietta Boxall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND		
Died at Springfield Hospital - Parroce						
Date of death	Month	Day	Years	Months	Days	
1908	November	19 th	69	-	-	
Sax	Female	Color or Race	White	Birth-place	Md.	
Occupation	House keeper			Where Residing If not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Unknown			
Father's Name	Jacob Merrick			Father's Birthplace	Md.	
Mother's Maiden Name	Catherine Smith			Mother's Birthplace	Md.	
Name of person giving Information	Hospital records			How related to deceased	None	

CAUSES OF DEATH

41

How long

?

How long

3 weeks.

PHYSICIAN
OR CORONER

Primary

Intestinal Carcinoma

Immediate

Cachexia and Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

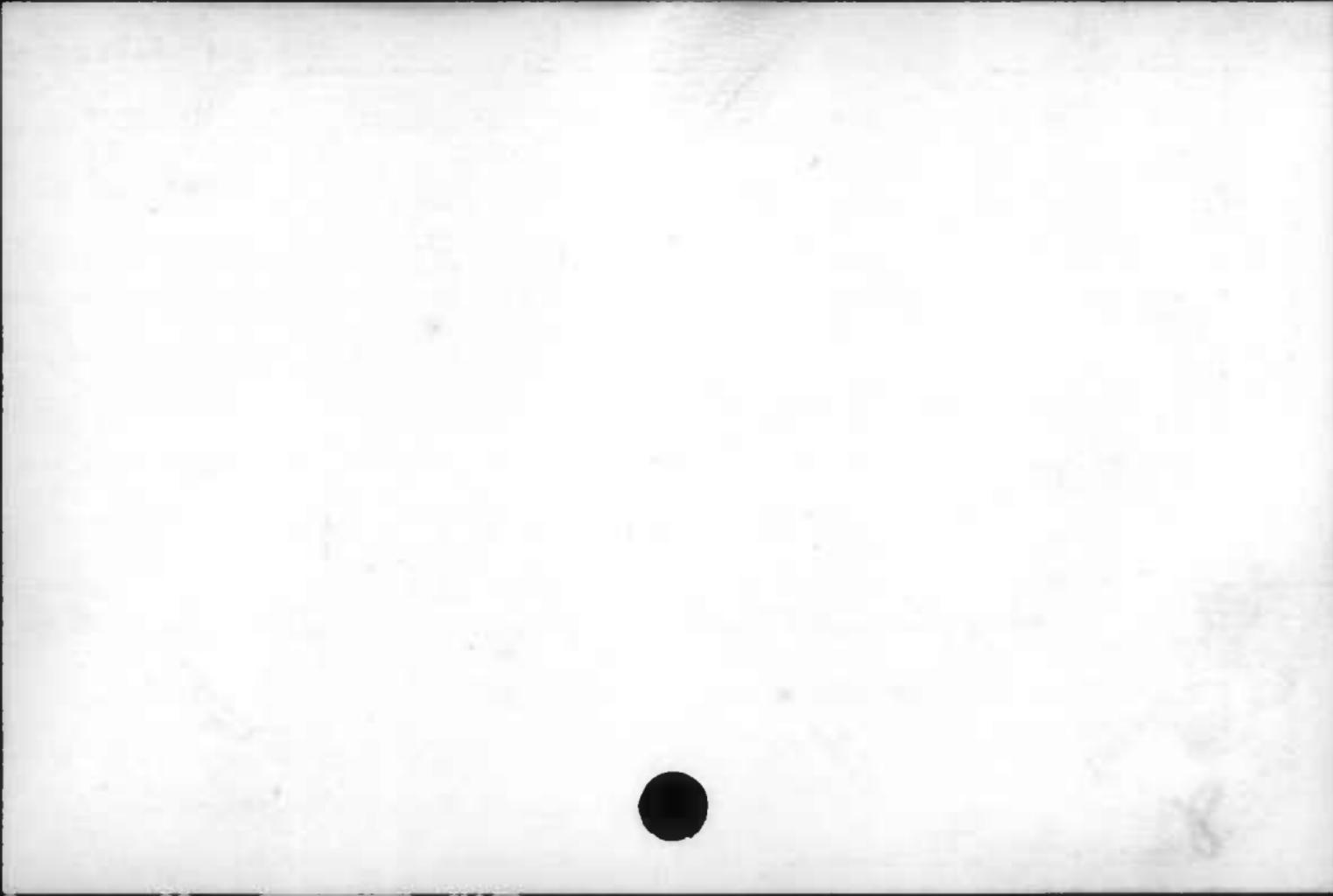
Signature of Physician

Address

W. Henry Fisher, M.D.
S. S. Associates
Md.

Accident or Suicide

No.



Name
in
Full

Nathan David Byers,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Taylorsville County Carroll
Date of death 1908 Month 11 Day 17 Age 15 Years
Months 3 Days

Sex Male Color or Race White, Birth-place Taylorsville, Md.
Occupation Laborer Where Residing if not at place of death Taylorsville, Md.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Thomas J. Byers Father's Birthplace Carroll Co., Md.

Mother's Maiden Name Rosa E. Franklin Mother's Birthplace Carroll Co., Md.

Name of person giving information Thomas J. Byers How related to deceased Father.

CAUSES OF DEATH

Primary Gun shot wound, Accidental

166

How long

How long

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

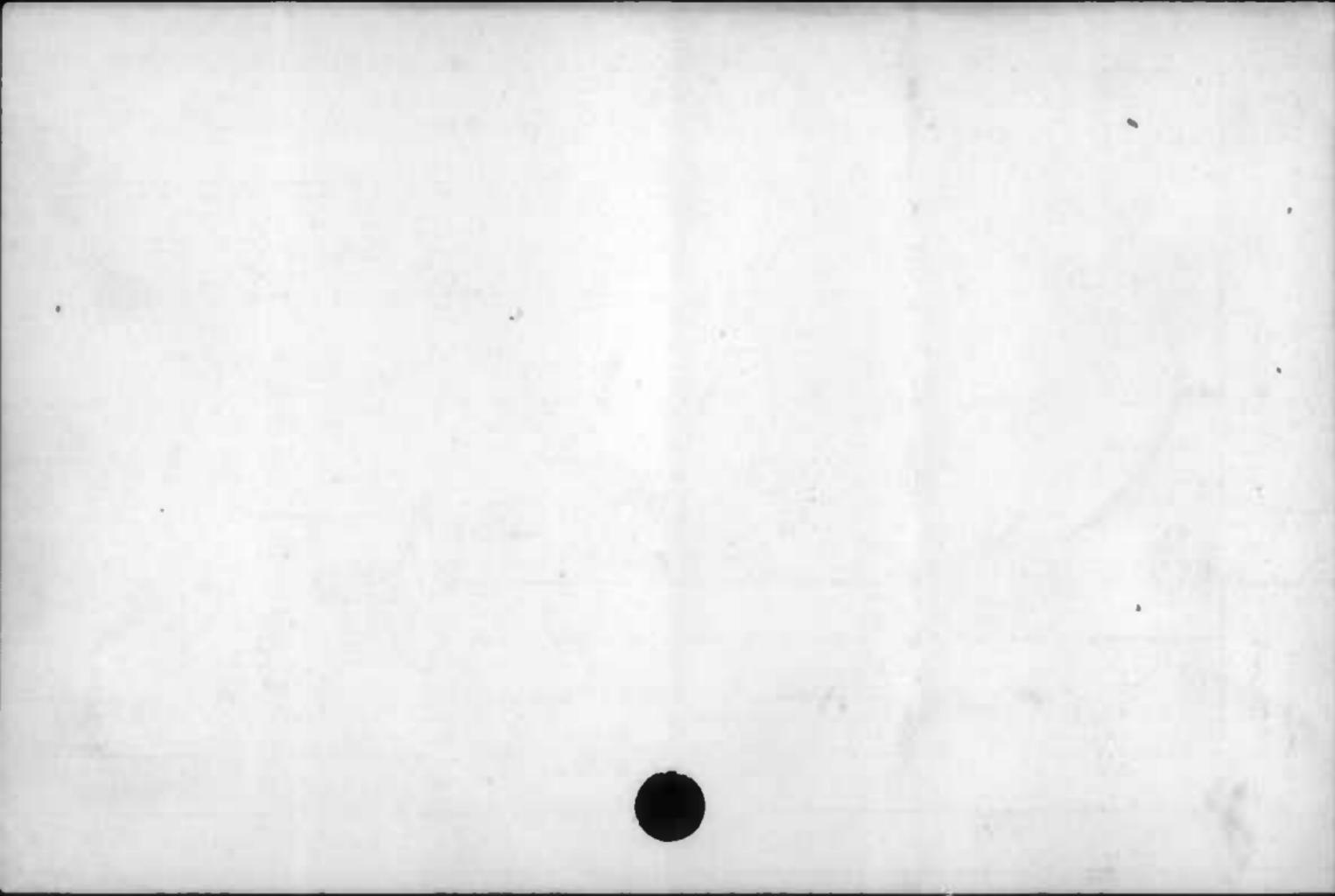
Address

Franklin Lewis
Borowen
M - Aug 1, 1908

J

Accident or Suicide?

accident



Name
in
Full

Clara A. Clary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

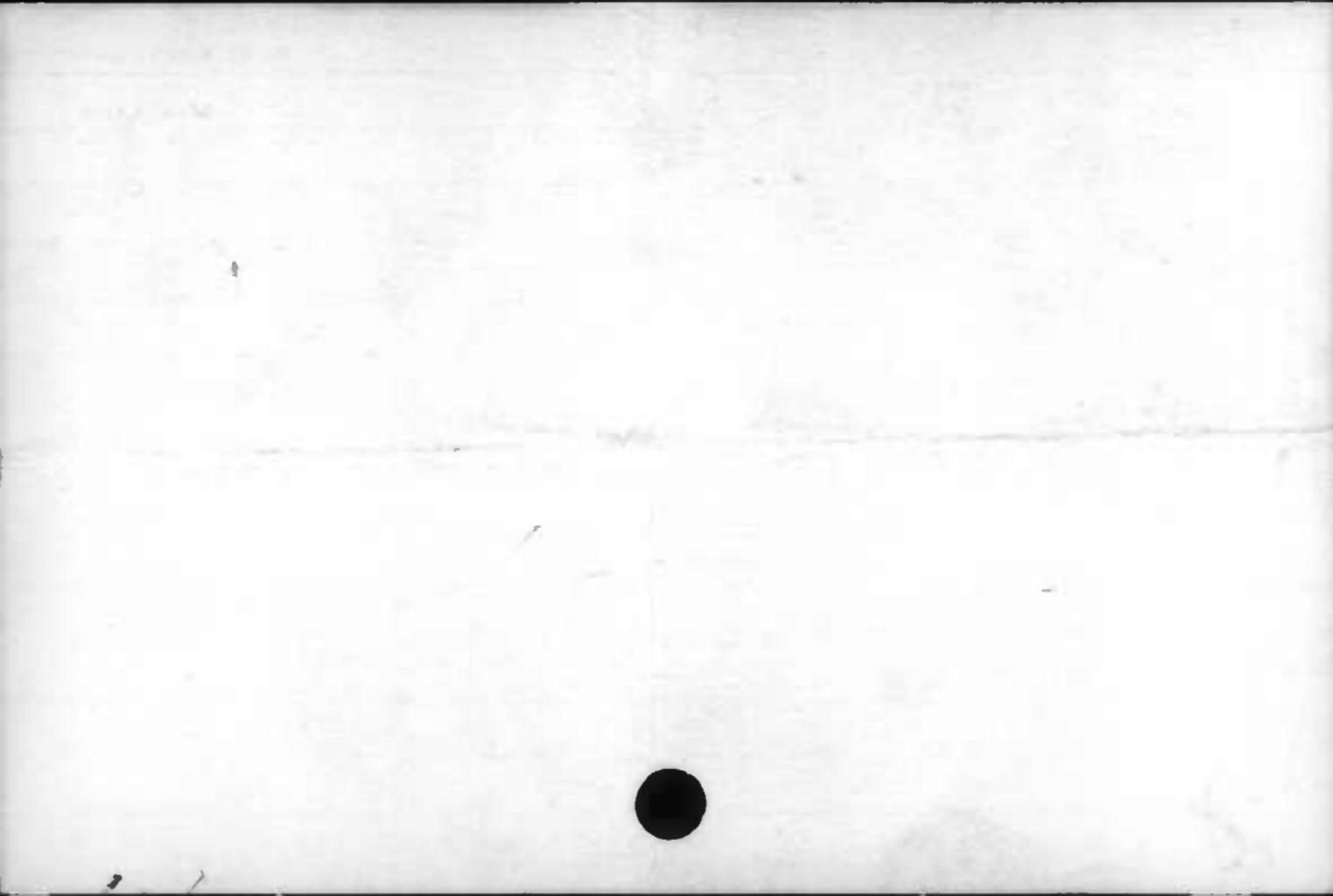
Died at		Town	County		MARYLAND	
Died at		Sykesville	Carroll			
Date of death	1908	Month Nov.	Day 28 th	Years 38	Month	Day
Sex	Female	Color or Race	White	Birthplace	Md.	
Occupation	None	Where Residing if not et place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Morgan S. Clary			
Father's Name	John Valentine Horn	Father's Birthplace				
Mother's Maiden Name	Hannah Elizabeth Miller	Mother's Birthplace				
Name of person giving Information	Ada V. Horn	Associated to deceased				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Melancholia	How long	4 years
Immediate	Exhaustion from Acute Gastritis	How long	3 weeks.
Are the name, age, sex, color, date and place correctly given above ?		Signature of Physician	John Norfolk Morris, M.D.
Yes		Address	Springfield Hospital Sykesville, Carroll Co. Md.
Accident or Suicide -			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry G. Cover

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month Nov	Day 23	Years 62	Months 5	Days 5	
Sex	Male	Color or Race	American. White,		Birth-place	union town Md.	
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Cover,		Father's Birthplace	Brucerville, Md.	
Father's Name	Tobias Cover,				Mother's Birthplace	Frederick C. Md	
Mother's Maiden Name	Elizabeth Dutrow				How related to deceased	Son,	
Name of person giving information	R. S. Cover						

CAUSES OF DEATH

64

How long

4 days

How long

4 days

Primary

Cerebral Hemorrhage.

Immediate

Paralysis.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

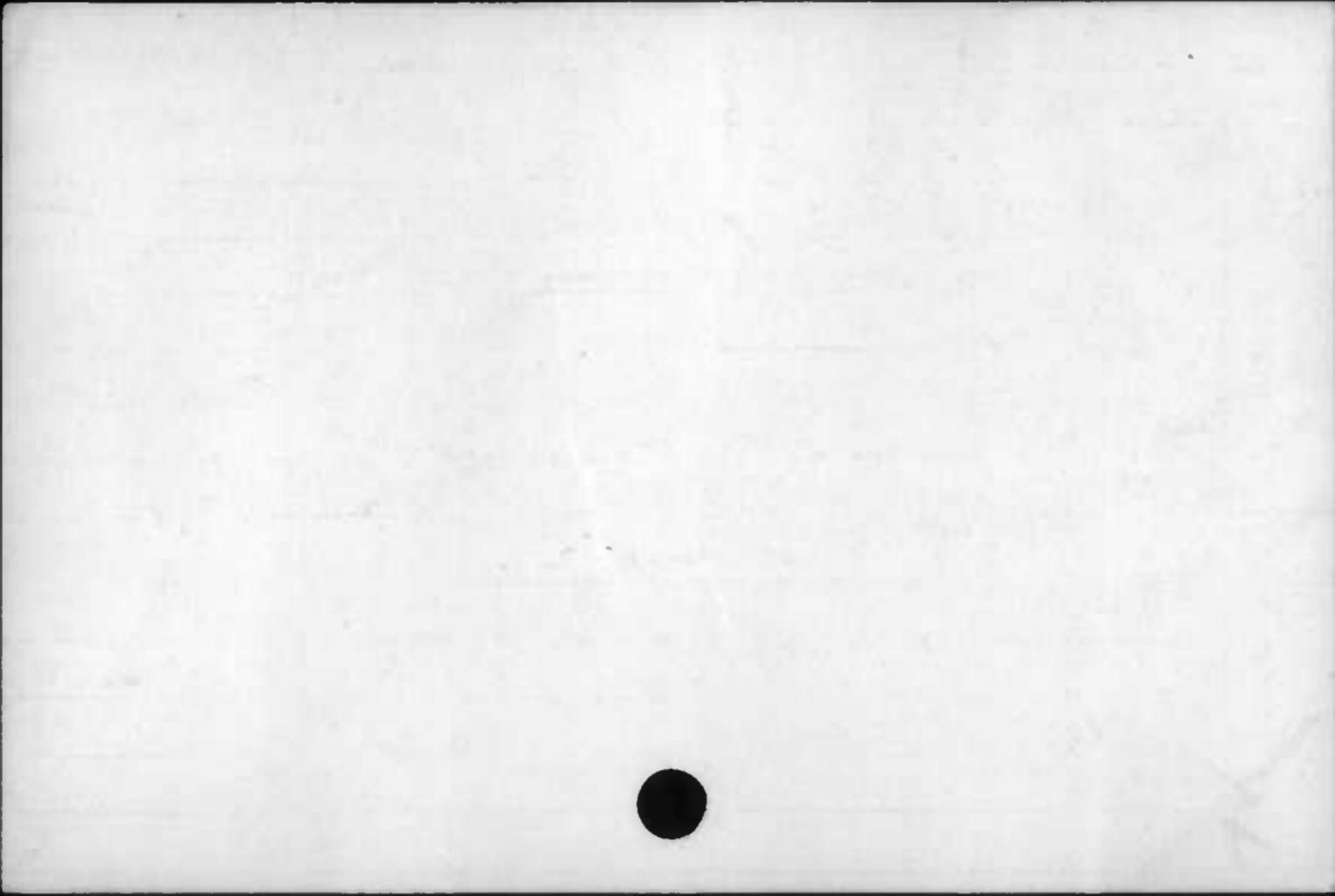
D. J. A. Legg.

Address

Union Bridge

Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Daley Not named still born				no. 415	CERTIFICATE OF DEATH	
Died at <u>Westminster</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1908 Nov 20</u>	Month <u>Nov</u>	Day <u>20</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>John W. Daley</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Florence C. Whigley</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>John W. Daley</u>	How related to deceased <u>Father</u>					
CAUSES OF DEATH						
Primary <u>unknown</u>						How long <u>—</u>
Immediate <u>Prematurity -</u>						How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. R. Foutz</u>					
	Address <u>Westminster</u>					
Accident or Suicide? <u>—</u>						

John Day Garden
Stones

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alvina V. Dorsey

CERTIFICATE OF DEATH

Died at <u>Eldersburg</u>		Town	County <u>Carroll</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Nov.</u>	Day <u>12</u>	Years <u>22</u>	Months <u>4</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>			
Occupation <u>Domestic</u>		Where Residing if not at place of death <u>same</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John Dorsey</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Rachel Gibbons</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving Information <u>John Dorsey</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

27

Primary <u>Pulmonary Tuberculosis</u>	How long <u>4 mos.</u>
Immediate	

Are the name, age, sex, color, date and place correctly given above?

yes

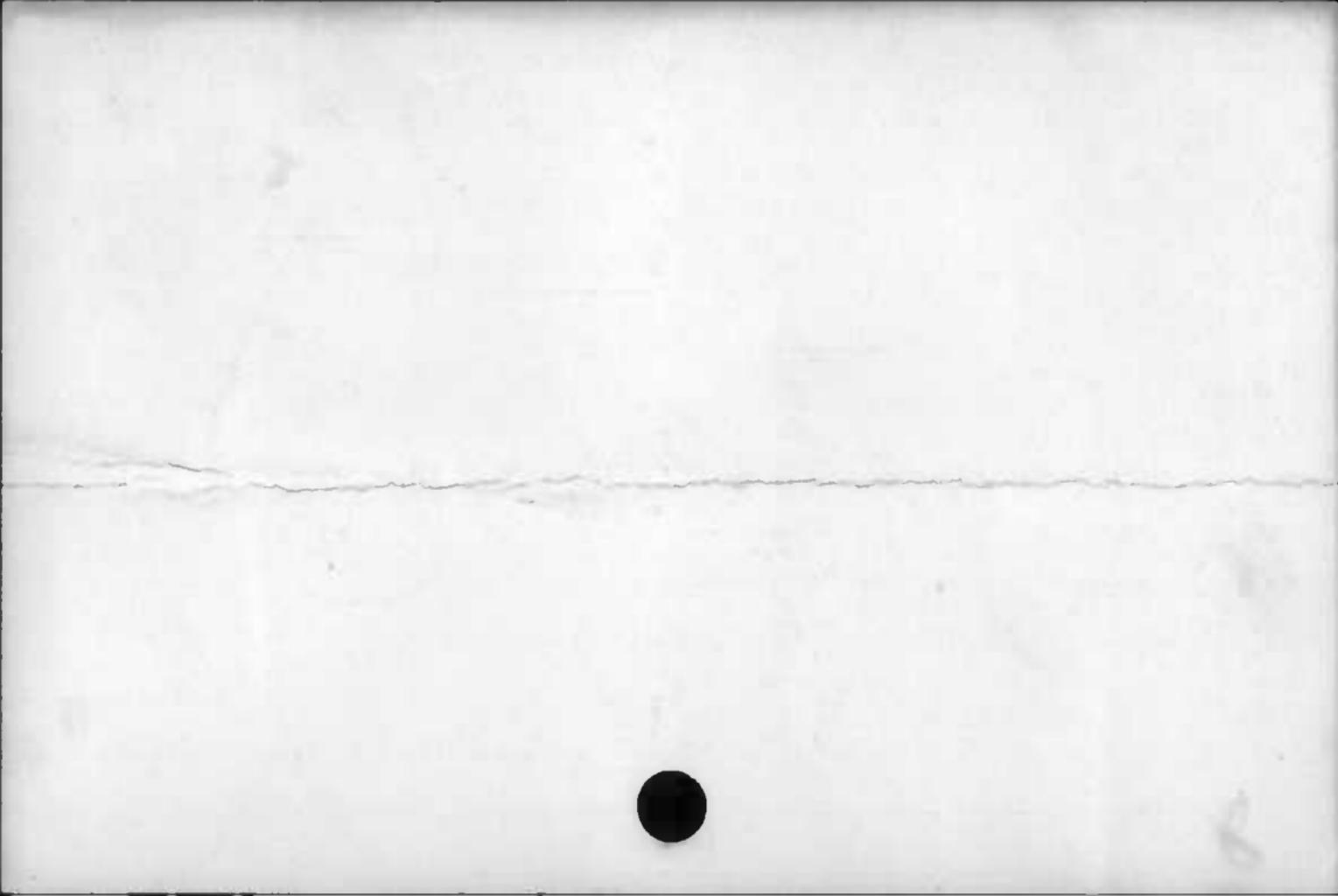
Signature of Physician

Address

M D Morris
Eldersburg

8

Accident or Suicide? no



Name
in
Full

Johnsey S. Elder

466
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Nov	24	55	4	3	
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John Elder	Father's Birthplace	Maryland			
Mother's Maiden Name	Rebecca Selby	Mother's Birthplace	Maryland			
Name of person giving information	Amos Hamilton	How related to deceased	Brother-in-Law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheumatism

47

How long

Don't know

Immediate

Endocarditis

How long

10 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. M. Sullivan,

Westminster Ord

Address

8
Accident or Suicide?

Slavery
Freedom

John Elgin.						CERTIFICATE OF DEATH	
Died <u>near</u> <u>Mt. Airy</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>11</u>	Day <u>19</u>	Years <u>74</u>	Age <u>74</u>	Months <u>2</u>	Days <u>25</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Germany</u>					
Occupation <u>Shoemaker</u>	Where Residing if not at place of death <u>near Mt. Airy, Md</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Anna Dora Elgin</u>	Father's Birthplace <u>Germany</u>					
Father's Name <u>Leonard Fanny Elgin</u>	Mother's Birthplace <u>Germany</u>						
Mother's Maiden Name <u>Eliza Hedgestown</u>	How related to deceased <u>Daughter</u>						
Name of person giving information <u>Sarah M. Bryant</u>							
CAUSES OF DEATH							
Primary <u>Irregularities of age</u>	How long <u>2 or 3 months</u>						
Immediate <u>Nephritis</u>	How long <u>almost one week</u>						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address <u>J. P. Sappington, Esq., Cassierville, Maryland</u>			
<u>Yes</u>							
Accident or Suicide? <u>J.</u>							

Bethany

Name
in
Full

Leotta M. Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berwynville</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>12</u>	Age <u>31</u>	Years <u>31</u>	Months <u>7</u>	Days <u>29</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George M. Fowler</u>					
Father's Name <u>Joseph Beaver</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Elizabeth Blingan</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Geo M. Fowler</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

66

How long

3 years -

How long

3 days -

PHYSICIAN
OR CORONER

Primary

Organic Heart Trouble -

Immediate

Hemiplegia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

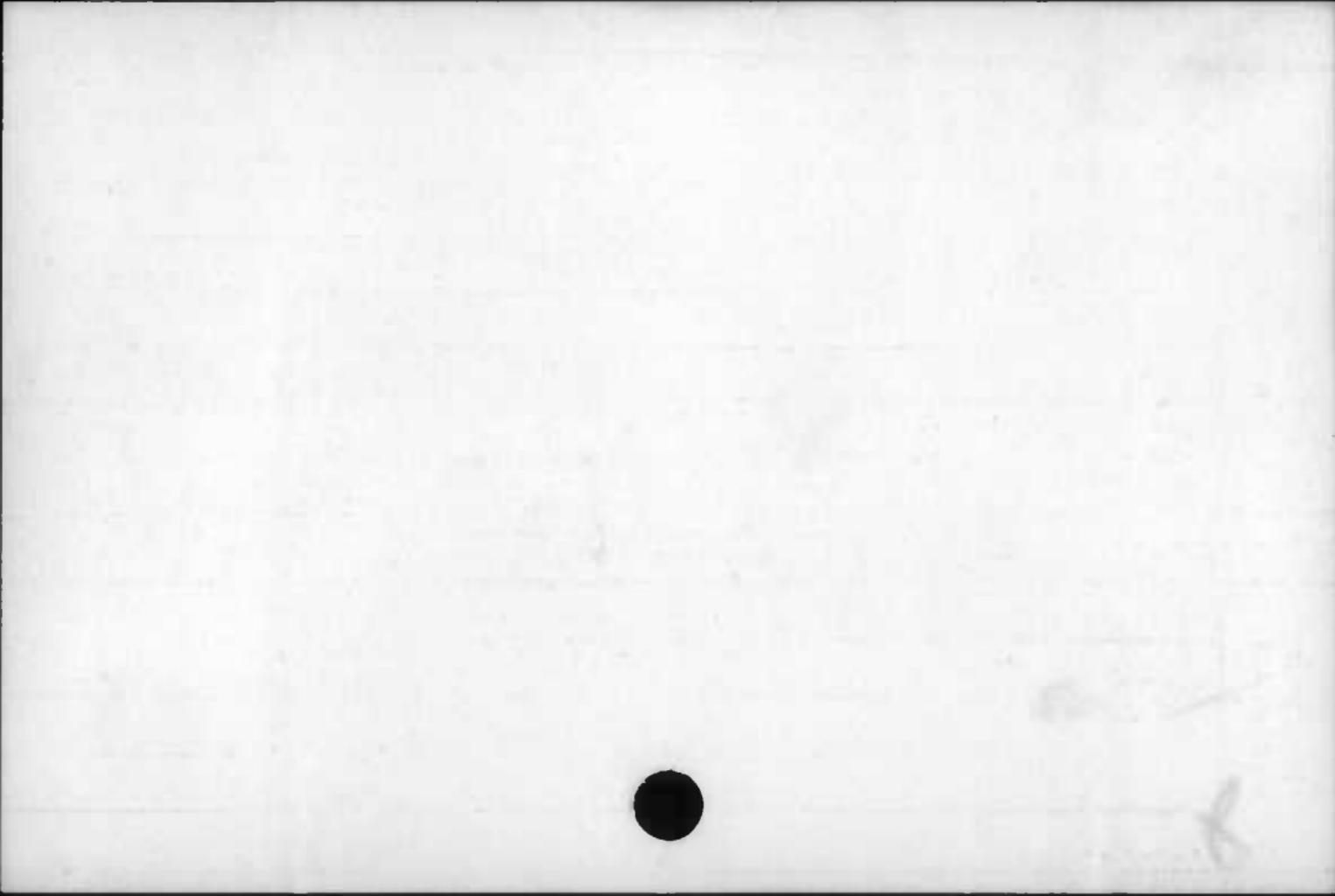
Address

Charles W. Bemis, M.D.

Daneytown

Md.

Accident or Suicide?



Name
in
Full

Florence Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at Lykessorelle	Carroll				
Date of death 1908 November	Month	Day	Years	Months	Days
		23 rd	41. (3)	-	-
Sex Female	Color or Race	White	Birth-place	Md.	
Occupation Housewife	Where Residing if not et place of death			-	
Married, Single or Widowed Married	Name of Wife or Husband William Hahn			Father's Birthplace	Md.
Father's Name Adam Mc Crea				Mother's Birthplace	Md.
Mother's Maiden Name Elizabeth Brewer				How related to deceased	Husband
Name of person giving Information William Hahn					

CAUSES OF DEATH

18

How long

3 days

How long

Primary

Facial Erysipelas

Immediate

Exhaustion from Toxemia

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

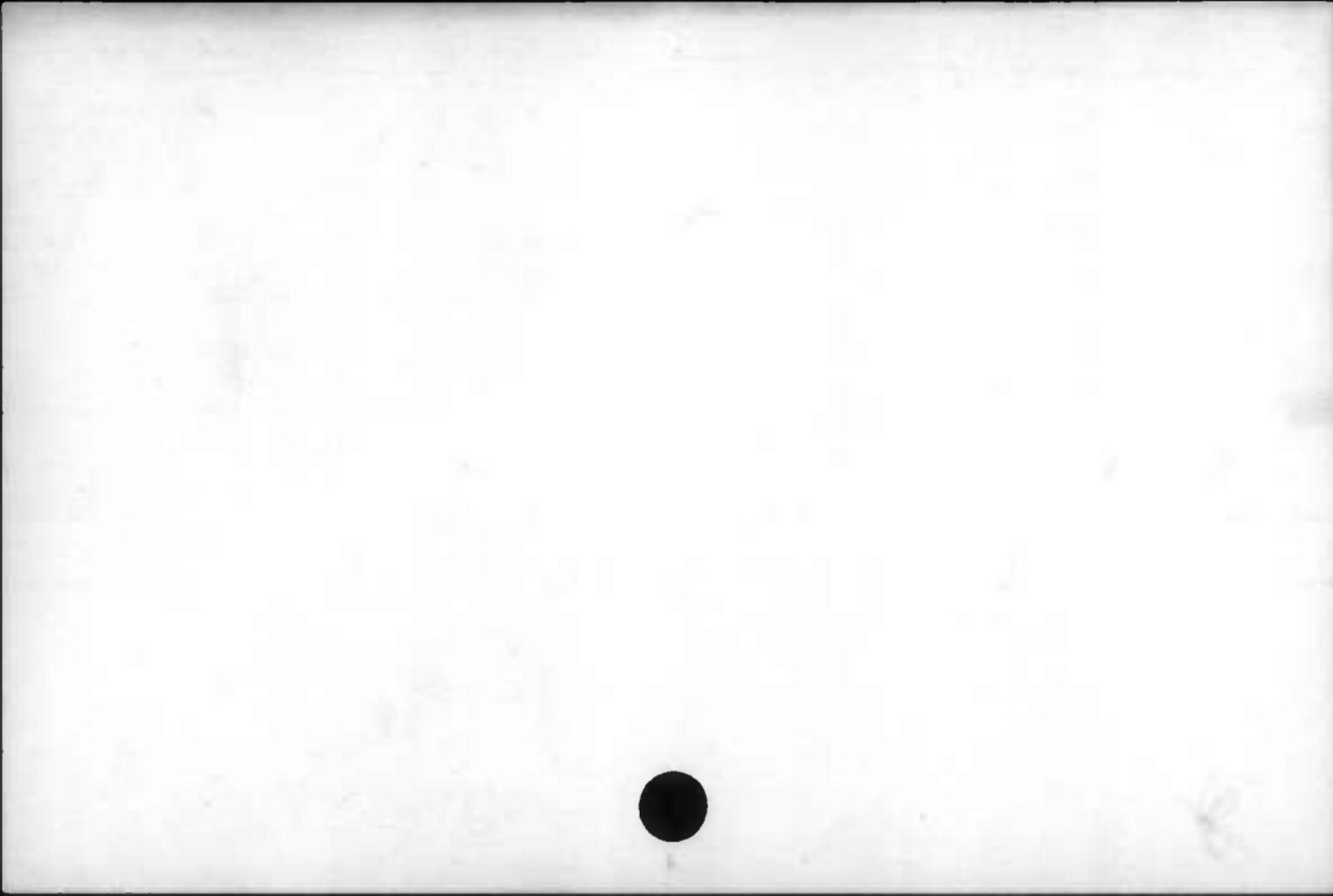
Address

John Norfolk Morris M.D.,
Springfield State Hospital,
Lykessorelle, Carroll Co. Md.,

PHYSICIAN
OR CORONER

J

Accident or Suicide



Name
in
Full

George W. Harn

CERTIFICATE OF DEATH

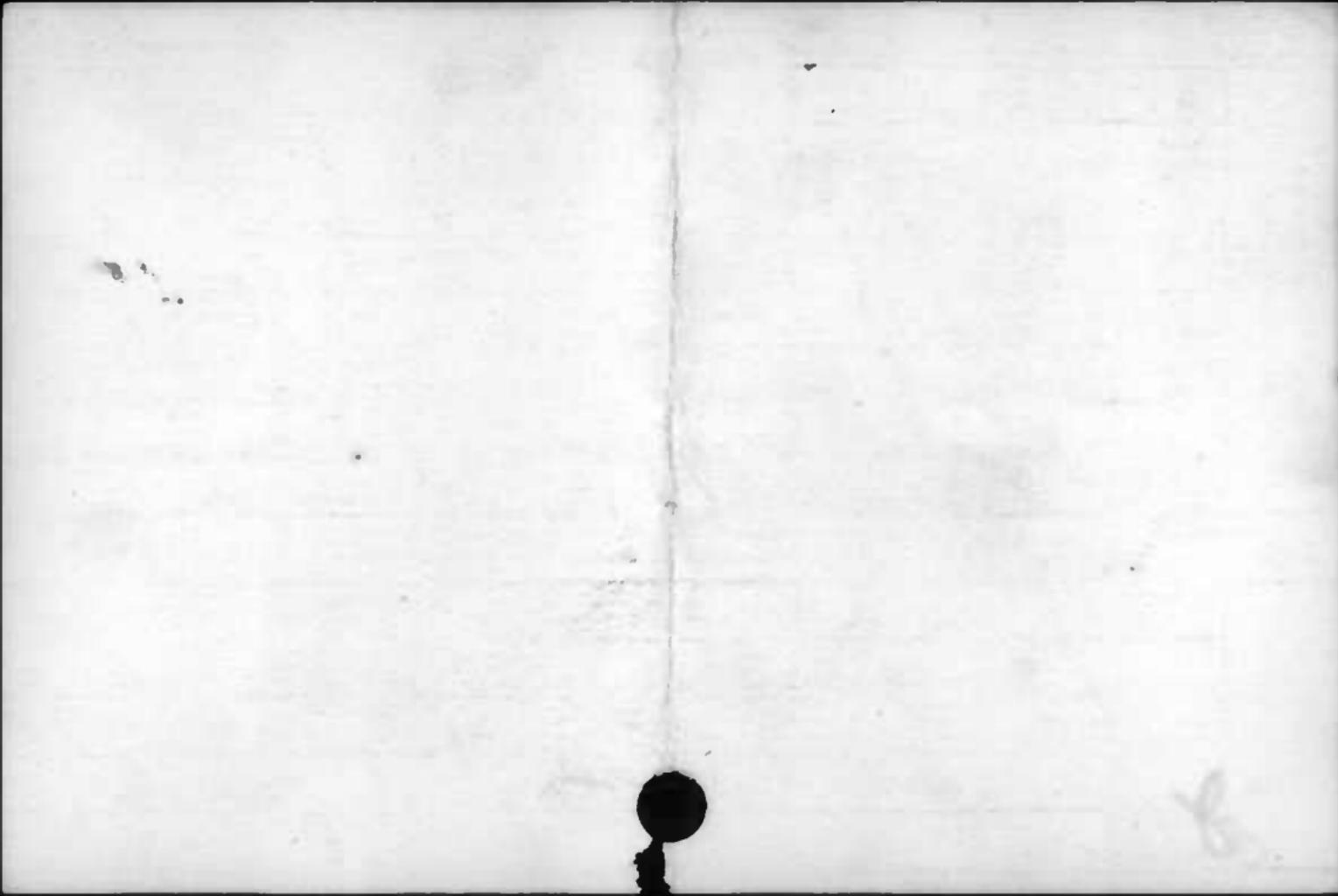
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Carroll	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	male	Color or Race	white American		Birth-place	Carroll Co.
Occupation	Retired Farmer			Where Residing if not at place of death	—	
Married, Single or Widowed	Name of Wife or Husband	Married Catherine Harn			Father's Birthplace	Unknown
Father's Name	Allen Harn			Mother's Birthplace	Unknown	
Mother's Maiden Name	Ruth Sparrow			How related to deceased	wife	
Name of person giving information	Catherine Harn			64	How long	

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		
Immediate	Cerebral Hemorrhage		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. E. Gaver
J		Address	Not airy Rd
Accident or Suicide?			



David W Warner

CERTIFICATE OF DEATH

Died at <u>Taneytown</u>		Town		County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>18</u>	Age <u>80</u>	Years	Months <u>4</u>	Days <u>23</u>		
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Carroll to Nod</u>			
Occupation <u>Labover</u>	Where Residing if not at place of death							
Married, Single Widowed <u>Widowed</u>	Name of Wife or Husband <u>Tydia A Warner</u>							
Father's Name <u>Michael Warner</u>			Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Elizabeth Geiselman</u>			Mother's Birthplace <u>Unknown</u>					
Name of person giving information <u>Joseph Warner</u>			How related to deceased <u>Son</u>					

CAUSES OF DEATH

79

How long

Primary Organic heart disease 1 YearImmediate Heart Failure 1 1/2 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

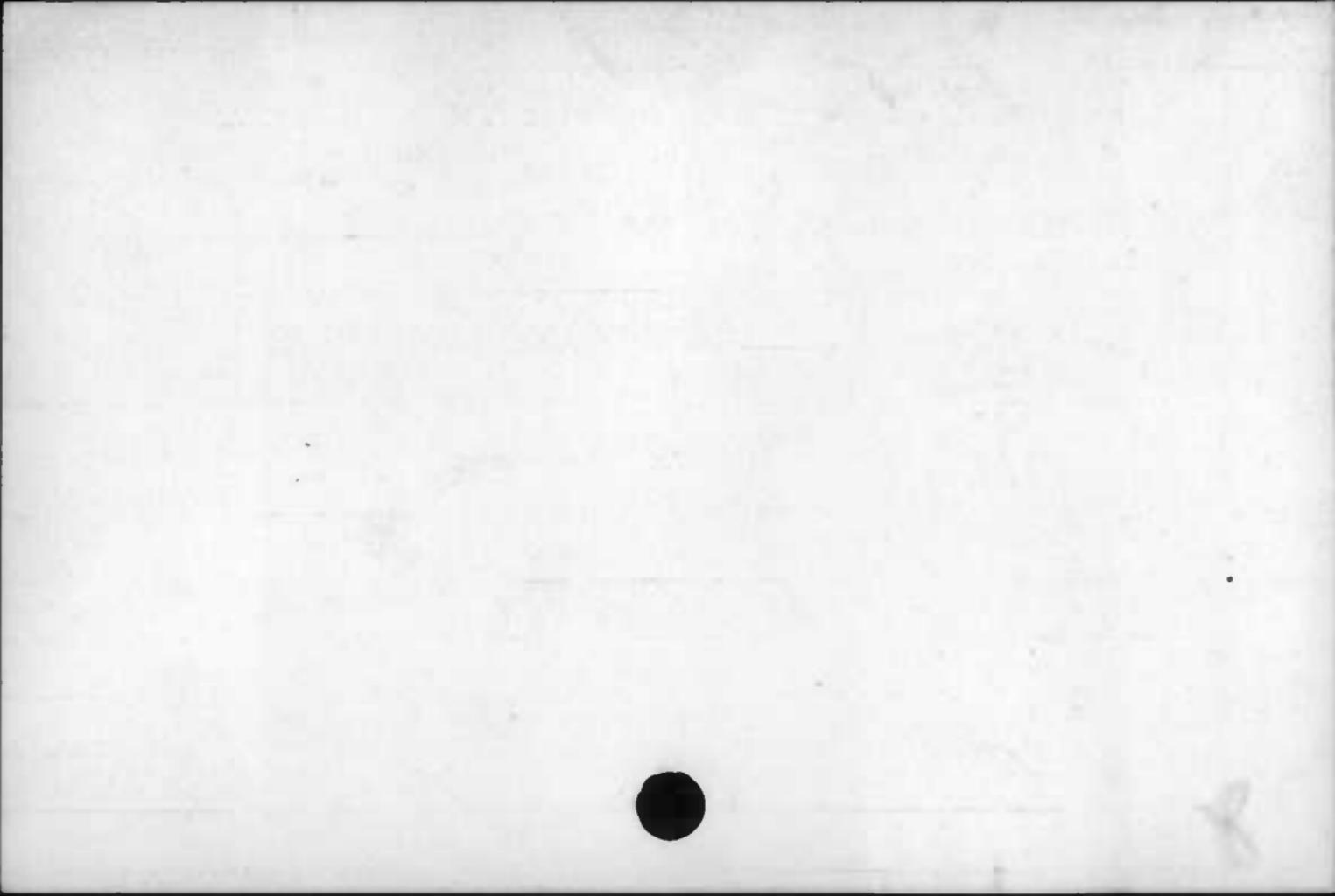
J. H. Seiss,

Taneytown.

med.

Accident or Suicide?

8



Daisy F E Harrish

CERTIFICATE OF DEATH

Died at <u>Taheytown Dist</u>		County <u>Carroll</u>	MARYLAND		
Date of death <u>1908 Nov</u>	Month <u>Nov</u>	Day <u>23</u>	Age <u>36</u>	Years	Months <u>9</u> Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Frederick Co Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Samuel Harrish</u>				
Father's Name <u>John Herman</u>	Father's Birthplace <u>Ohio</u>				
Mother's Maiden Name <u>Amelia Michaels</u>	Mother's Birthplace <u>Fred Co Md</u>				
Name of person giving information <u>Samuel Harrish</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

64

How long

Sudden

How long

Primary

Cerebral Hemorrhage

Immediate

"

"

Are the name, age, sex, color, date and place correctly given above?

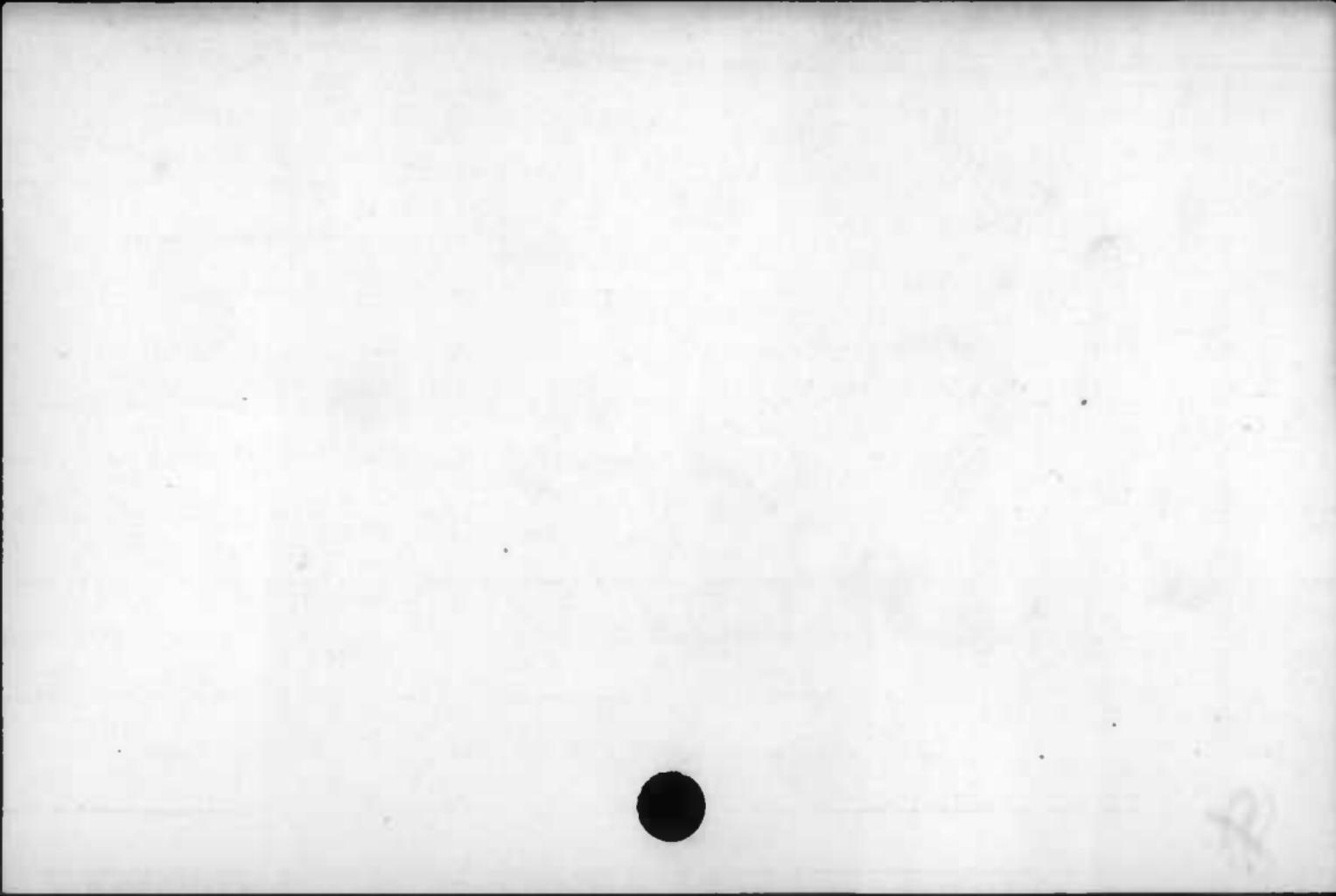
Signature of Physician

Address

Charles E. Roppe
Tanylion, Ind.

8

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Louis F. Howard

CERTIFICATE OF DEATH

Died at <u>Walhalla</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov.</u>	Day <u>10</u>	Years <u>58</u>	Months <u>10</u>	Days <u></u>
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Walhalla</u>			
Occupation <u>Farmer</u>	Name of Wife or Husband <u>Annie E. Howard</u>				
Married, Single or Widowed <u>Married</u>	Father's Birthplace <u>Fredrick Co.</u>				
Father's Name <u>James Howard</u>	Mother's Birthplace <u>Howard Co.</u>				
Mother's Maiden Name <u>Elizabeth Bierstadt</u>	How related to deceased <u>Second Cousin</u>				
Name of person giving information <u>Jessie W. Howard</u>					

CAUSES OF DEATH

120

How long

Five Years

How long

Two Weeks

Primary

Bright's Disease

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

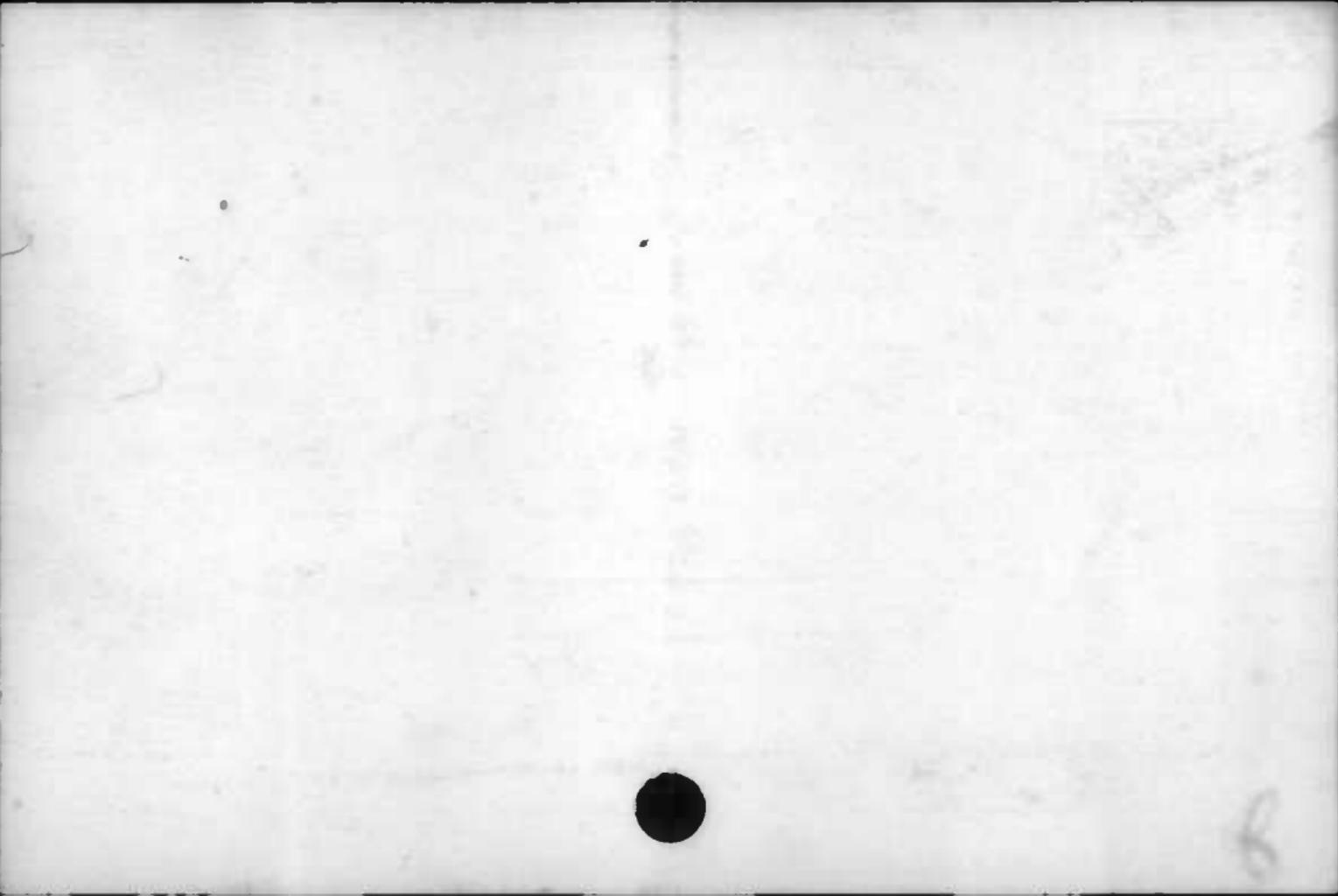
Saffington & Pearce

Lincolneville

Md.

Accident or Suicide?

J



Name
in
Full

Annie Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

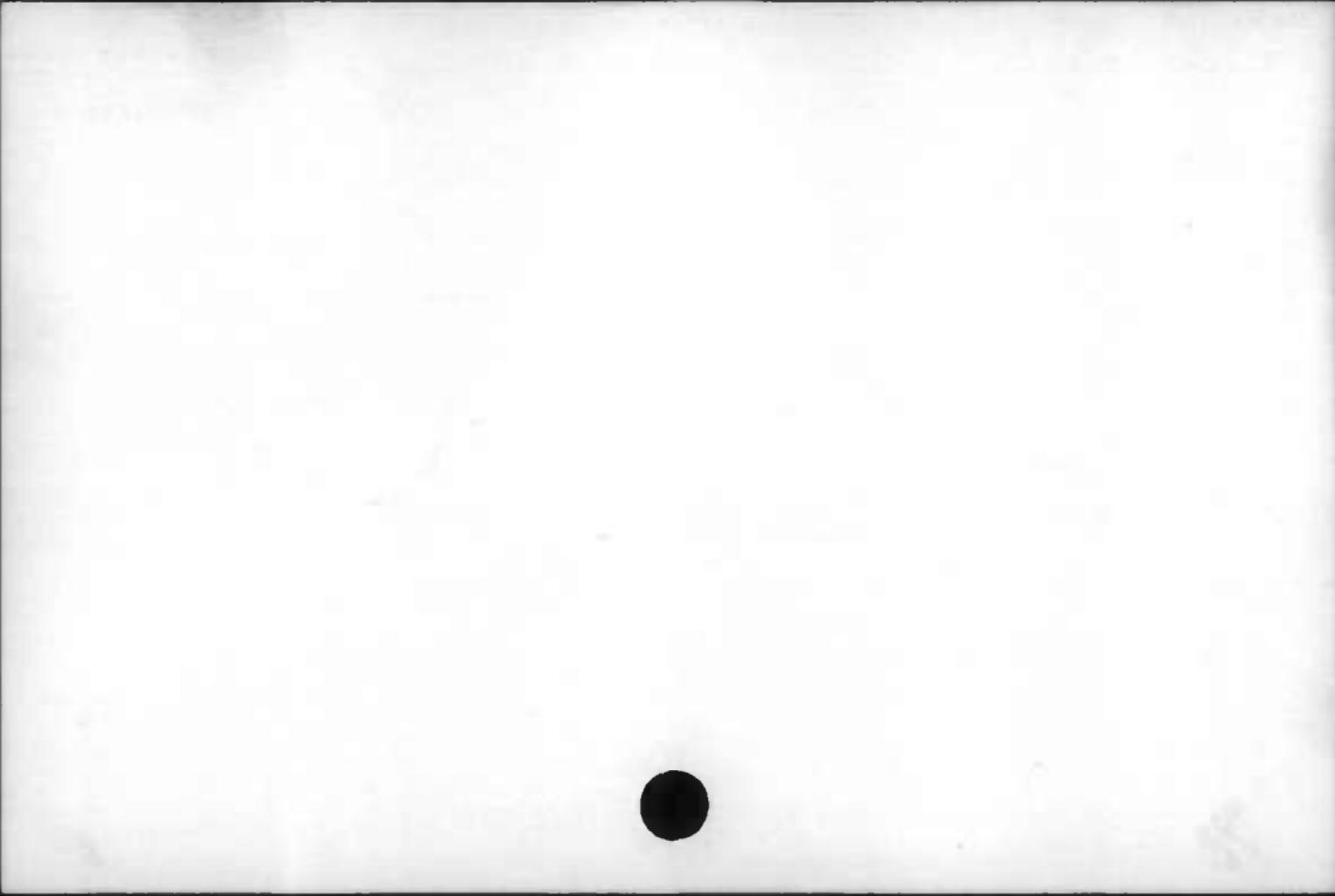
Town Died at Springfield Hospital -		County Carroll -		MARYLAND	
Date of death	Month November	Day 1st	Age 67	Montha	Daya
Sex Female	Color or Race	white		Birth- place Ind.	
Occupation House keeper	Where Residing if not et place of death				
Married, Single or Widowed Widow	Name of Wife or Husband		Unknown		
Father's Name Nathan Comley	Father'a Birthplacs Ind.				
Mother's Maiden Name Mary Ann White	Mother's Birthplacs Ind.				
Nems of person giving Information Hospital records	How related to deceased None.				

CAUSES OF DEATH

93

Primary Acute Labor Pneumonia	How long 23 days.
Immediate Toxemia and Ex haustion.	How long ?
Are the nems, age, sex, color, date and place correctly given above? Yes.	Signature of Physician W. Henry Fisher M.D.
	Address Sykesville
Accident or Suicide No.	Ind.

PHYSICIAN
OR CORONER



Name
in
Full

Tennie V. Horney

CERTIFICATE OF DEATH

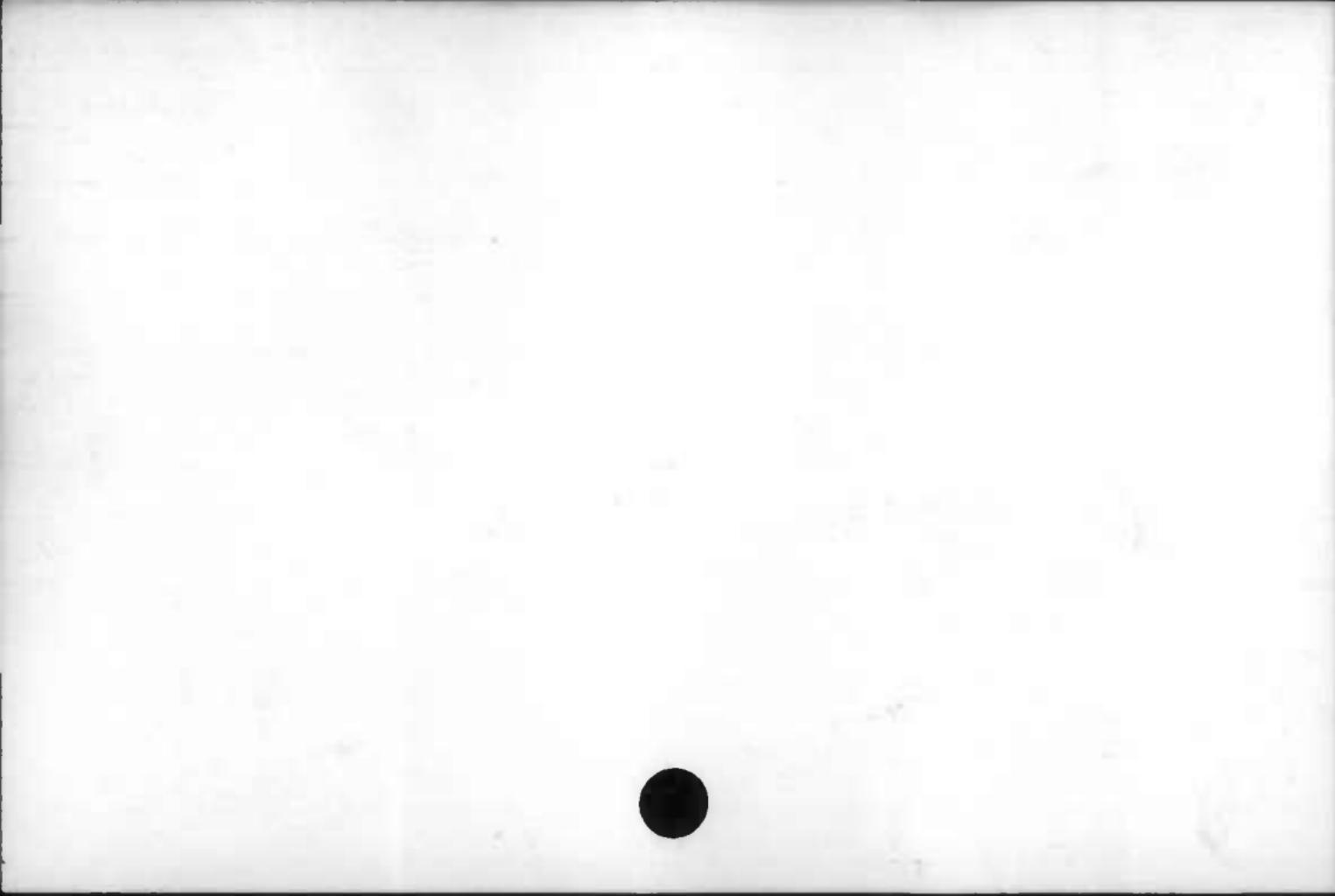
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at Springfield Hospital		Carroll -			
Date of death	Month	Day	Years	Months	Days
1908	November	11 th	37	-	-
Sax	Female	Color or Race	white	Birth-place	Maryland
Occupation	House wife				
Married, Single or Widowed	Married	Name of wife or Husband	Where Residing if not at place of death		
Father's Name	P. J. Horney				
Mother's Maiden Name	Wm H. Shriver				
Name of person giving Information	Hospital records				

CAUSES OF DEATH

Primary	Organic Dementia	
Immediate	Cerebral Congestion & Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		W. Henry Fisher M.D.
		Address
Accident or Suicide	Yes.	Sykesville
		MD



Name
in
Full

Bernard S. Kelchner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Springfield Hospital		Carroll			
Date of death	Month	Day	Years	Months	Days
1908	Nov.	14	Age 27		
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	None				
Married, Single or Widewad	Where Residing if not at place of death				
Single					
Name of Wife or Husband					
Father's Name	John H. Kelchner				
Mother's Maiden Name	M.E. Gardner				
Name of person giving Information	W.W. Offutt				
Father's Birthplace	Pa.				
Mother's Birthplace	Va.				
How related to deceased	niece				

CAUSES OF DEATH

68

How long

1 yr.

progressive

PHYSICIAN
OR CORONER

Primary

Organic dementia

Immediate

General dementia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

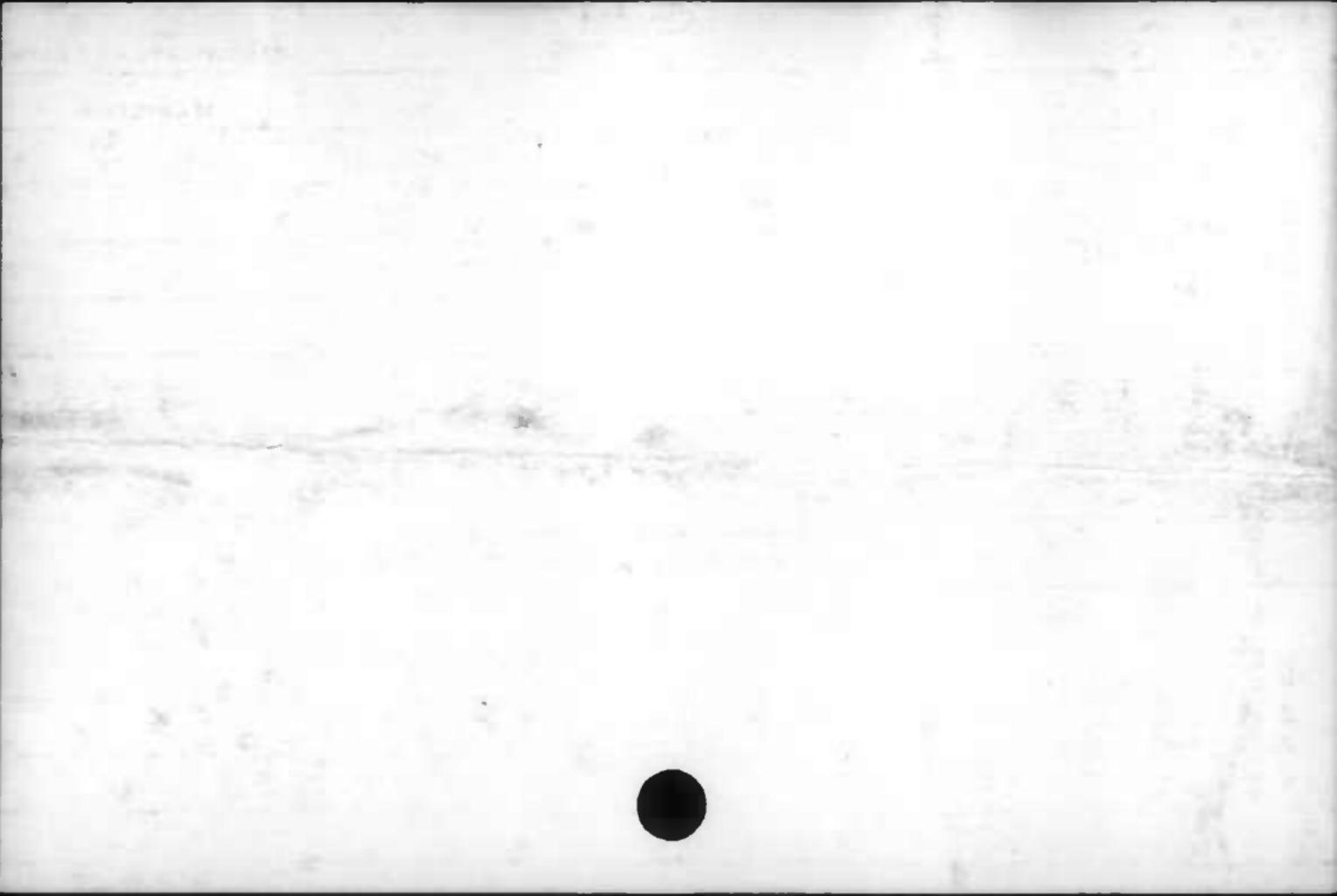
Chas. J. Carey

Sykesville Md.



Accident or Suicide

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Kirby		Town		County		MARYLAND	
Died at	Sykesville	Month	Day	Years	Months	Days	
Date of death	1908	Mar	26	Age	Unknown		
Sex	male	Color or Race	white	Birthplace	Md.		
Occupation	Shoemaker			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown	Father's Birthplace	Unknown		
Father's Name	Walter Kirby			Mother's Birthplace	Unknown		
Mother's Maiden Name	Fancy Mills			How related to deceased	Unknown		
Name of person giving Information	Hosp. Records						

CAUSES OF DEATH

154

Primary

Senile Dementia

How long

3 yrs.

Immediate

Exhaustion

How long

Progressive

Are the name, age, sex, color, date and place correctly given above?

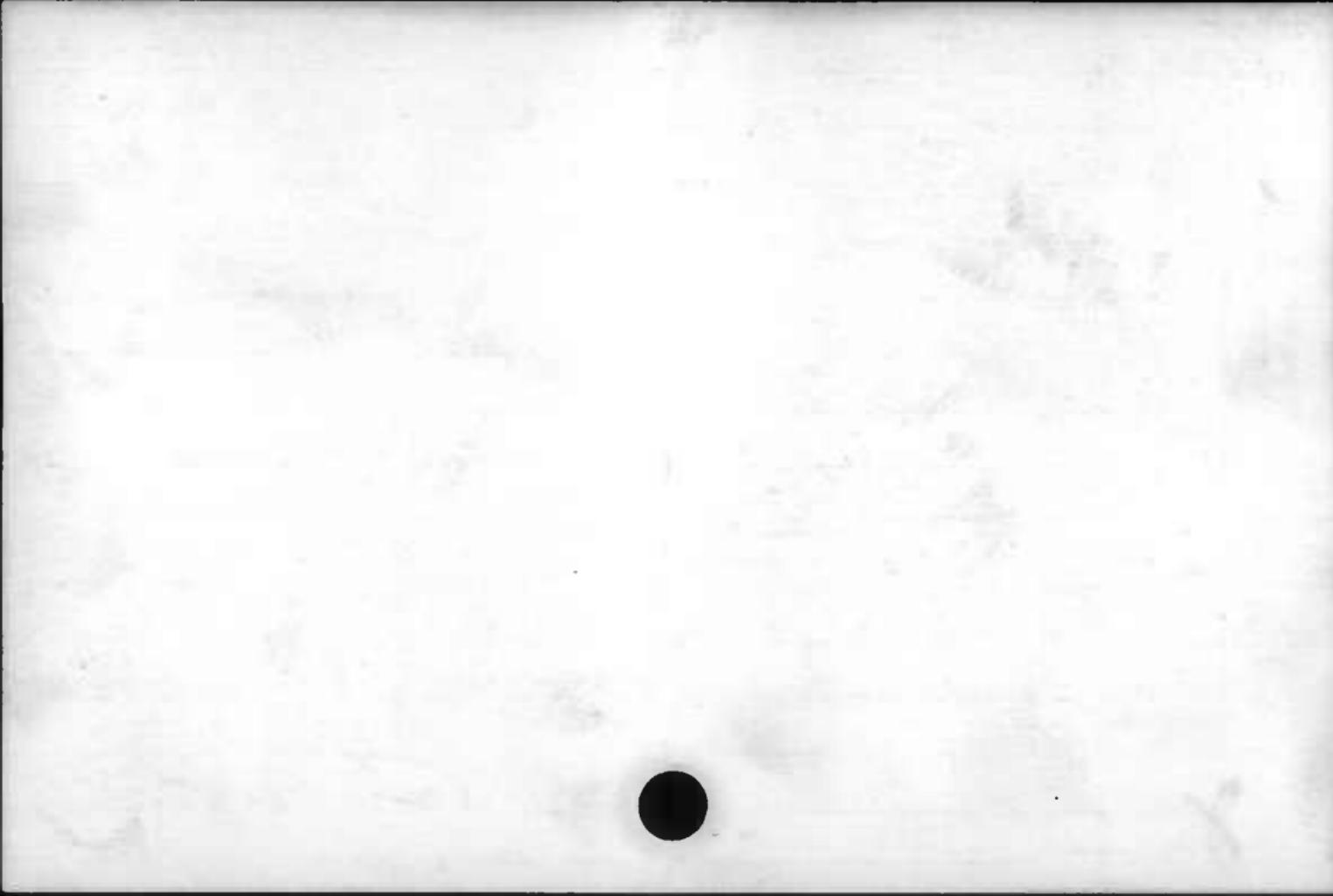
yes

Signature of Physician

Address

J. C. Lelack
Sykesville
Md.

Accident or Suicide



Name
in
Full

Sarah. B. Lambert

CERTIFICATE OF DEATH

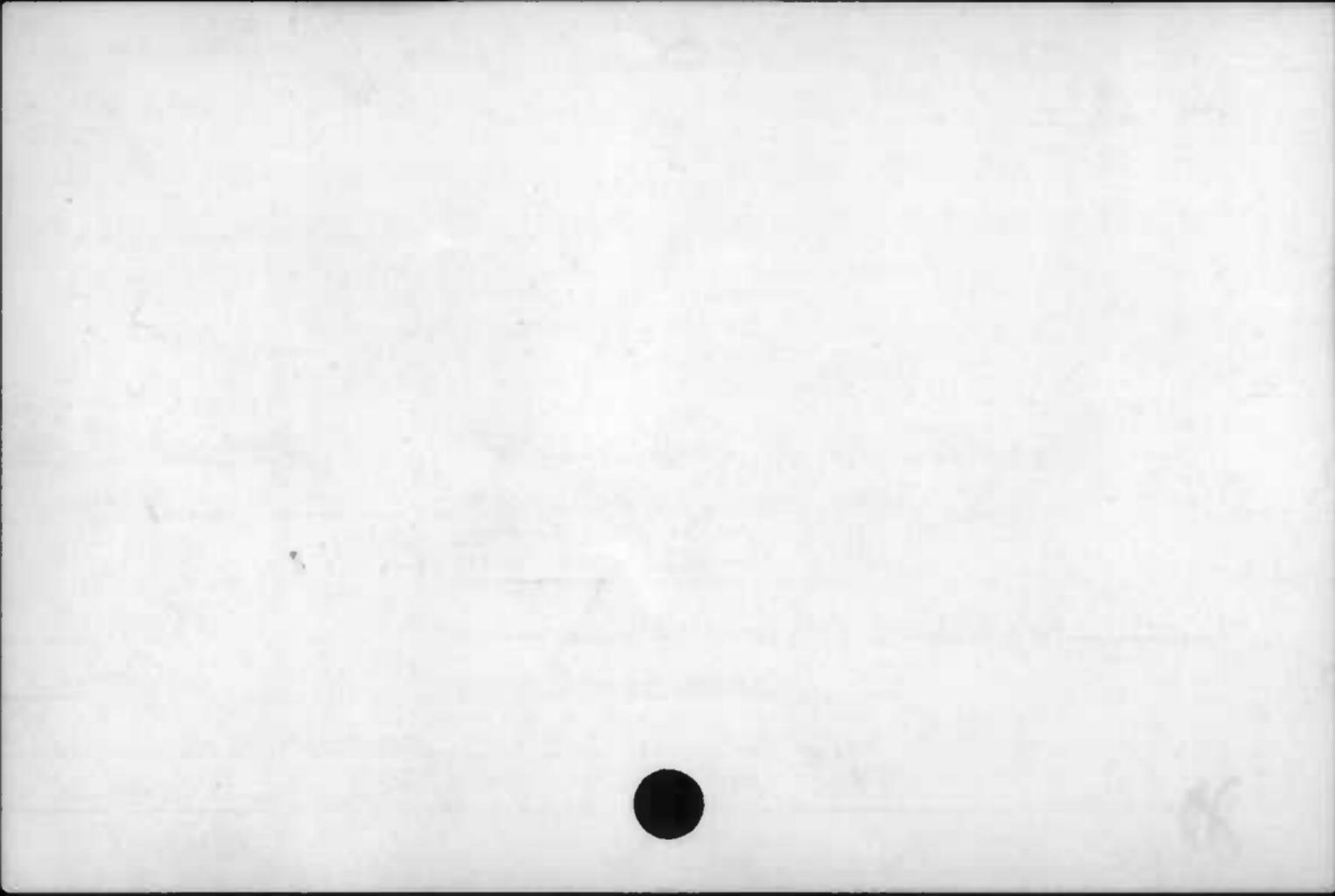
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u> <u>Taneytown</u>		<u>County</u> <u>Carroll</u>		<u>MARYLAND</u>	
Date of death	Month <u>1908</u>	Day <u>11</u>	Years <u>78</u>	Months <u>9</u>	Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth- place <u>Unknown</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife Husband <u>Isaiah Lambert</u>	Father's Birthplace <u>Unknown</u>			
Father's Name <u>Abraham Apples</u>	Mother's Birthplace <u>"</u>				
Mother's Maiden Name <u>Unknown</u>	How related to deceased <u>Husband</u>				
Name of person giving Information <u>Isaiah Lambert</u>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <u>Cerebral Hemorrhage</u>	64 How long <u>24 hours</u>
Immediate <u>Failure of Respiration</u>	2 hours. How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. H. Luis.</u> Address <u>Taneytown, Md.</u>
<u>8</u> Accident or Suicide? <u>Y</u>	



Name
in
Full

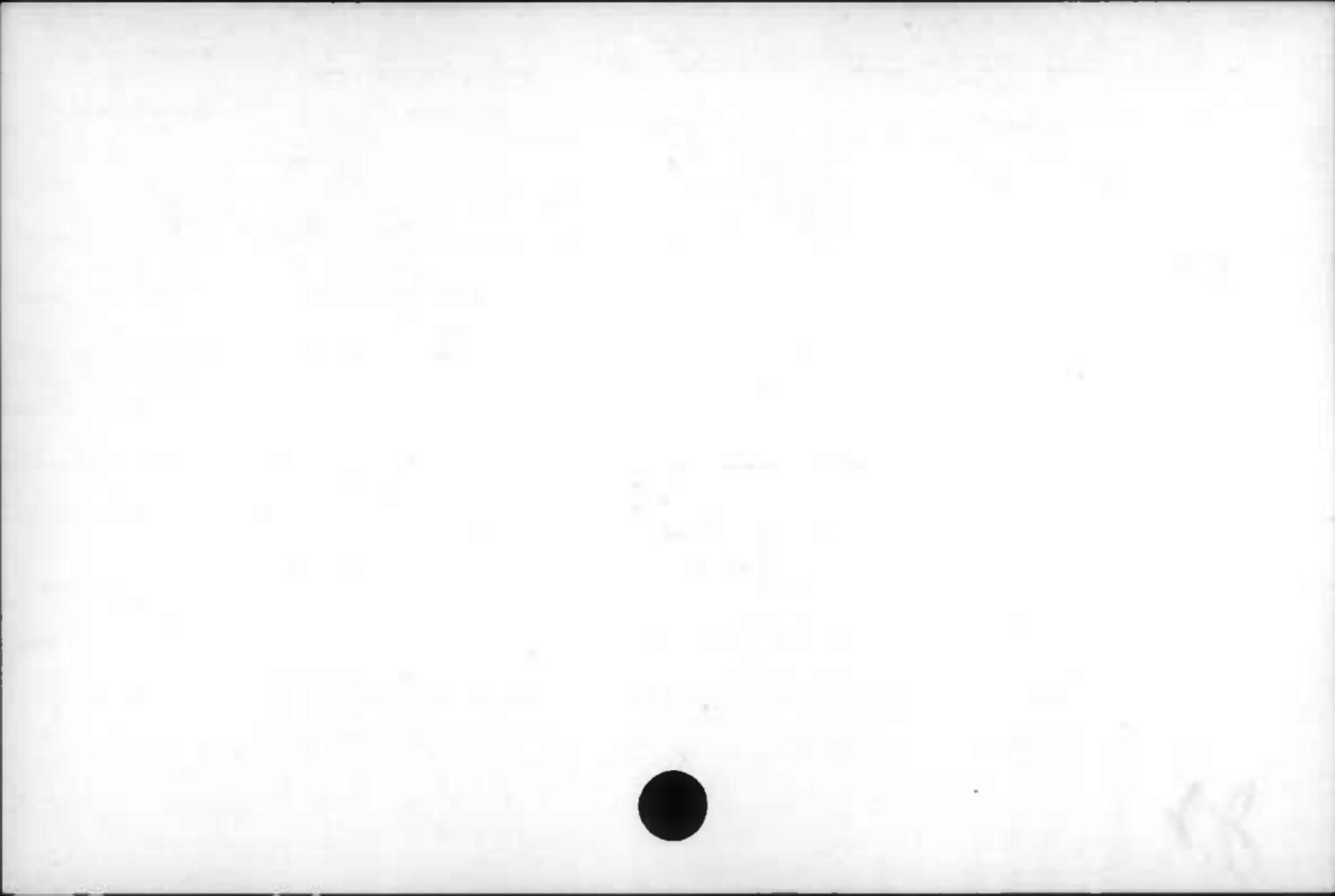
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Howard Davis Lippy		CERTIFICATE OF DEATH			
Died at		Town	Deep Run	County	Maryland		
Date of death	1908 Nov	Month	28	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	3		
Occupation				Where Residing if not at place of death	Gamall, Ga.		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	George Albert Lippy			Father's Birthplace	Gamall, Ga.		
Mother's Maiden Name	Maggie J. R. Gravach			Mother's Birthplace	Gamall, Ga.		
Name of person giving Information	Geo. Albert Lippy			How related to deceased	Father		
CAUSES OF DEATH							
Primary	Incomplete closure of foramen ovale						
Immediate	Infantile convulsions						
Are the name, age, sex, color, date and place correctly given above ?	Yes	Signature of Physician	150	How long	3 mo		
		Address		How long	6 hours		
Accident or Suicide					Union Mills Ind.		

Signature of
Physician

Address



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles E Zockner

CERTIFICATE OF DEATH

Died at Bethel

Town Carroll
County

MARYLAND

Date of death 1908

Month Nov

Day 26

Years

Age

Months

5

Days

5

Sex Male

Color or Race

white

Birth-place

Carroll Co Md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Harry O Zockner

Father's Birthplace

Carroll Co Md

Mother's Maiden Name

Minnie B. Bowers

Mother's Birthplace

" " "

Name of person giving
Information

Harry O Zockner

How related
to deceased

Father

CAUSES OF DEATH

14

How long

4 days

Primary

Dysentery

Immediate

Bronchopneumonia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

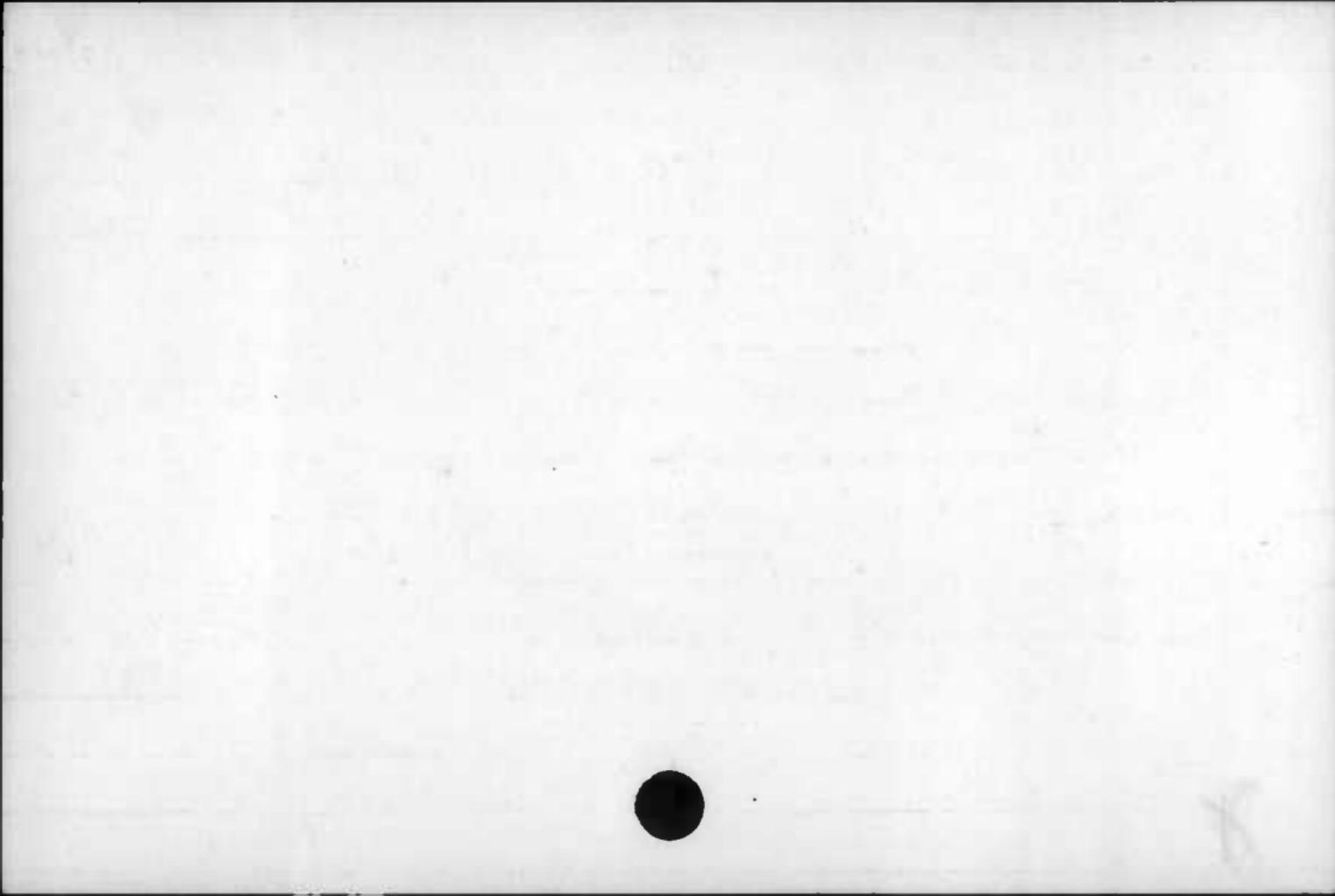
Signature of
Physician

Chasdos M. Berner M.D.

Address

Yanney Twp Md.

Accident or Suicide?



George A Nehring

Town

Died at Near Kunz

County

Carroll

MARYLAND

Date
of death 1908

Month

Nov 21

Day

Age 42 Years

Months

10

Days

2Sex MaleColor or
RaceWhiteBirth-
placeCarroll Co Md

Occupation

FarmerWhere Residing if not
at place of deathMarried, Single
or WidowedMarriedName of Wife or
HusbandVillamina NehringFather's
BirthplaceFather's
NameAgustino NehringCarroll Co MdMother's
Maiden NameNatilda BeispielerMother's
BirthplaceName of person giving
InformationVillamina NehringHow related
to deceasedWife

CAUSES OF DEATH

64

How long

Primary

Cerebral Hemorrhage3 1/2 hours.

Immediate

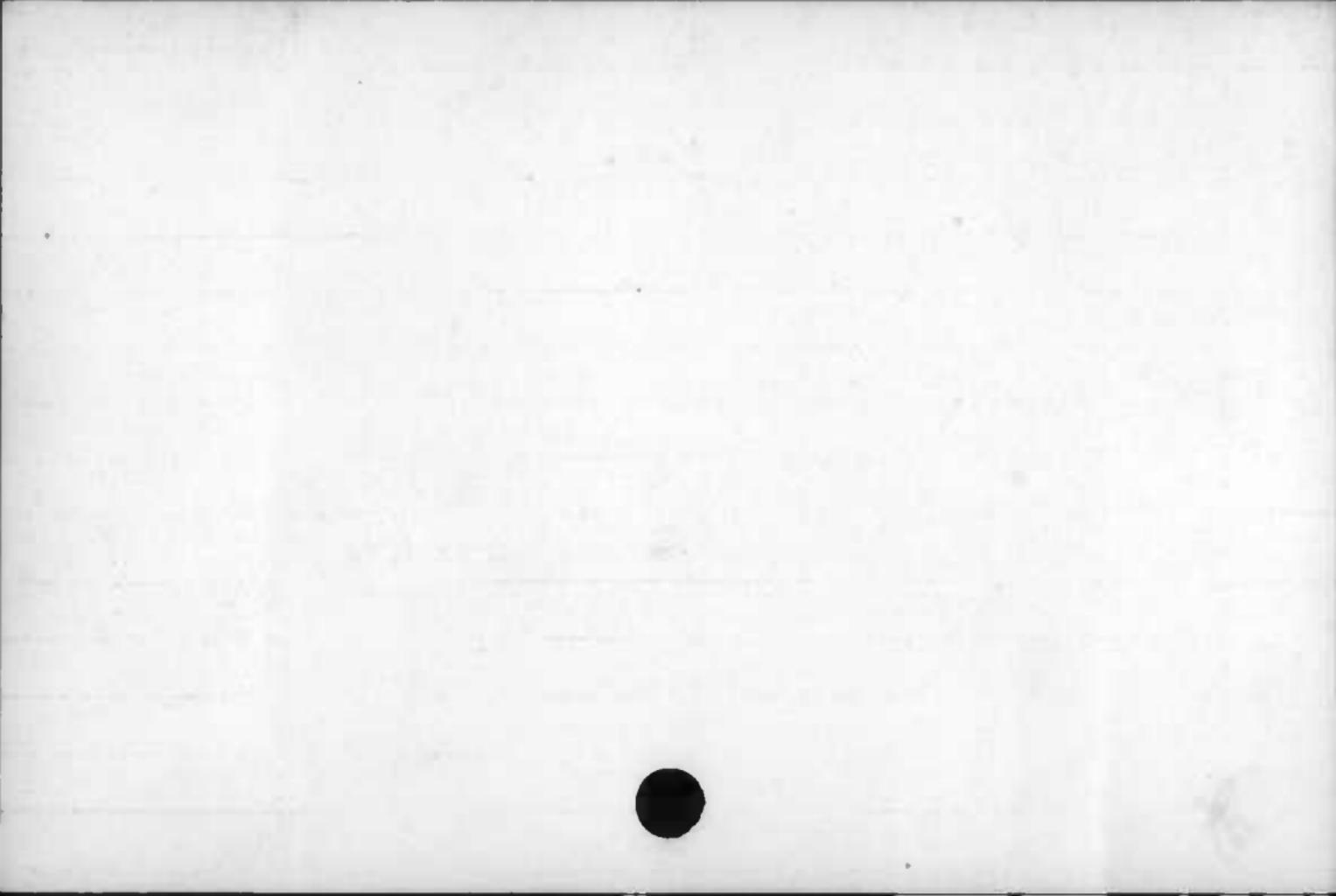
Failure of Respiration

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

D. J. O'Neil
Dawyston Md.



Name
in
Full

Viola May Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Middleburg	Carroll			
Date of death	Month	Day	Years	Months	Days
1908	Nov	7	0		13
Sex	Female	Color or Race	White	Birth-place	Middleburg Ind
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	W. H. Myers		Father's Birthplace	Md	
Mother's Maiden Name	Sally Hann		Mother's Birthplace	Ind	
Name of person giving Information	bro H Bowman		How related to deceased	None	

CAUSES OF DEATH

151

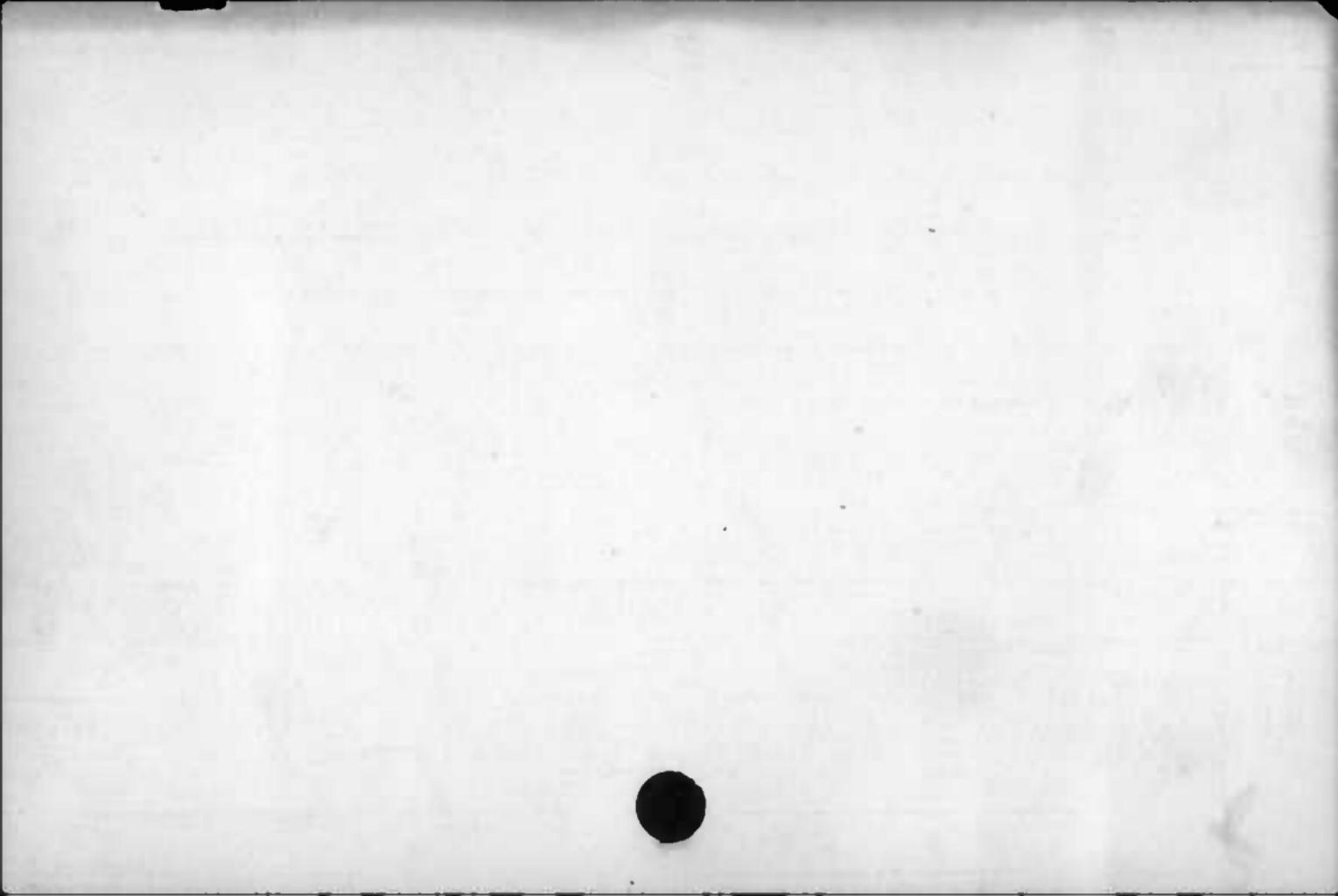
How long

2 months

How long

PHYSICIAN
OR CORONER

Primary	Malaria	
Immediate	General asthma	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		F. H. Legg
	Address	Union Bridge, Md
Accident or Suicide?	no	



Name
in
Full

John D. Newton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Caroline Newton		
Father's Name	William Newton				
Mother's Maiden Name	Dont Know				
Name of person giving Information	Caroline Newton				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

120

How long

5 yrs

Immediate

Cirrh

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

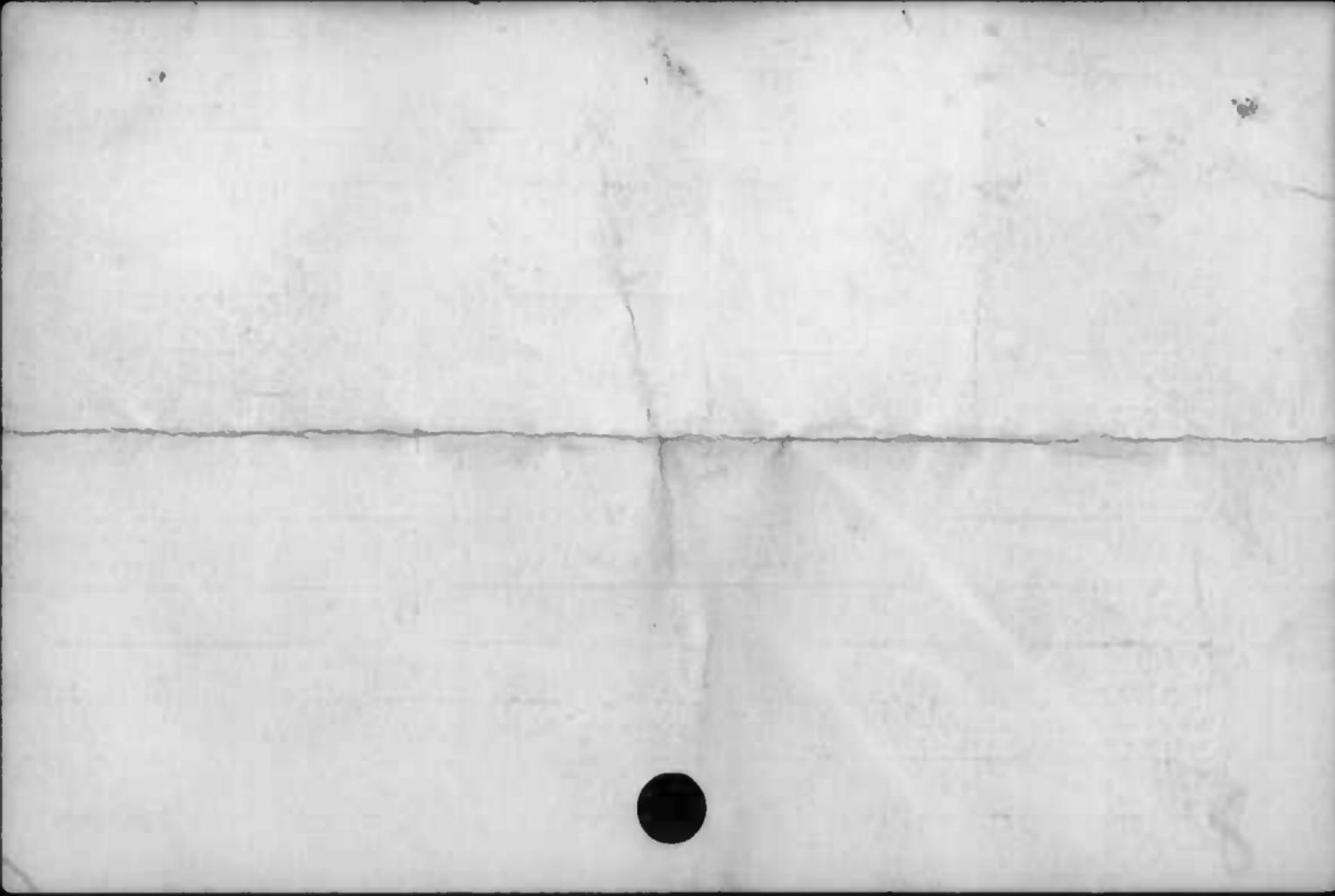
Signature of
Physician

Address

H. M. Miller

Reisterstown

Accident or Suicide?



Name
in
Full

Hettie Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		County Carroll		MARYLAND	
Date of death 1908	Month November	Day 6 th	Age 48	Months -	Days -
Sex Female	Color or Race white	Birth-place Md.			
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Husband Wm P. Phillips	Father's Birthplace Md.			
Father's Name James Brewington					Mother's Birthplace Md.
Mother's Maiden Name Margaret Mitchell					How related to deceased None
Name of person giving Information Hospital records.					

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary

Involutorial Melancholia

How long

17 months.

Immediate

Exhaustion from Malnutrition

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

W. Henry Fisher M. D.

Sykesville

Md.

8

Accident or Suicide No.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Geo. W. Porter

CERTIFICATE OF DEATH

Died at Woodbine

Town

County

MARYLAND

Date
of death 1908

Month

Day

Years

Months

Days

1110384x

Age

Sex

Male

Color or
Race

White

Birth-
place

Hawthorneville

Occupation

Labourer

Where Residing if not
at place of death

Hawthorneville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Fannie E. Porter

Father's
Name

Benj. Porter

Father's
Birthplace

Franklinville

Mother's
Maiden Name

Anelia Jeffre

Mother's
Birthplace

Hawthorneville

Name of person giving
Information

Fannie E. Porter

How related
to deceased

Wife

CAUSES OF DEATH

79

Primary

Cardiac Asthma

How long

3 yrs

Immediate

Aortic Occlusion ^{causing Heart failure}

How long

36 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature
of Physician

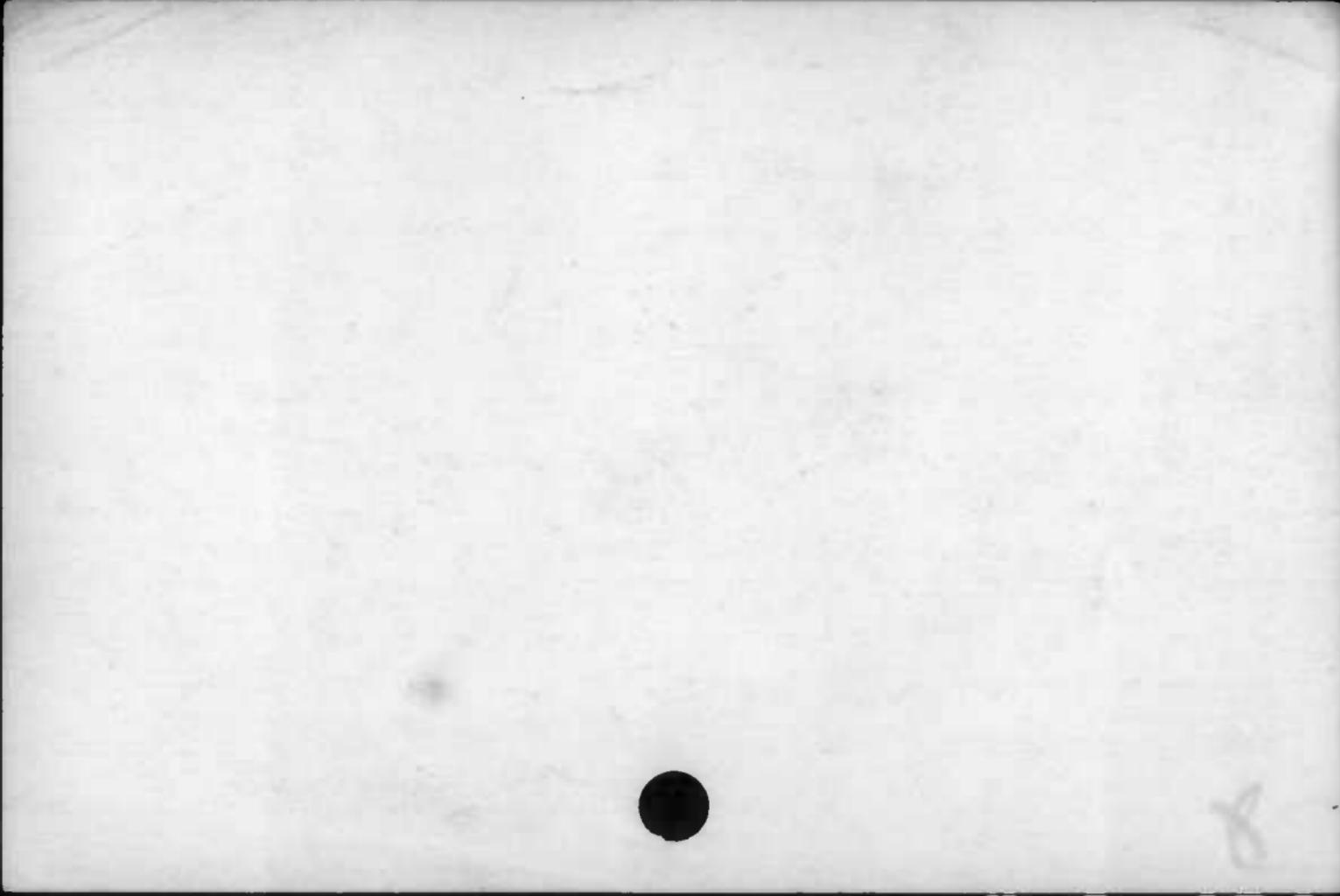
Address

Address

Harry F. Lundy, Coroner
Lykesville, Md

8

Accident or Suicide?



Laura Jane Powell

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J

Died at		Town <u>Westminster</u>	County <u>Carroll</u>	MARYLAND		
Date of death	Month <u>1909</u>	Day <u>11</u>	Age <u>3</u>	Years <u>50</u>	Months	Days
Sex	<u>Female</u>		Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>John Powell</u>				
Father's Name	<u>Wendie Modoc</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name	<u>Never know</u>		Mother's Birthplace			
Name of person giving Information	<u>John Powell</u>		How related to deceased <u>Husband</u>			
CAUSES OF DEATH						
Primary	<u>Pulmonary tuberculosis</u>			How long <u>Indefinite.</u>		
Immediate	<u>Exhaustion</u>			How long <u>3 days</u>		

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry M. Atchley
Westminster

Accident or Suicide?

New Port cemetery

Stonér

Name
in
Full

Poor Mother Beaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Palmer's Mill</u>		Town <u>Tow</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>11</u>	Age <u>8</u>	Years <u>8</u>	Months <u>9</u>	Days <u>9</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Mod</u>			
Occupation <u>None</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>Franklin P Beaver</u>			Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Ida Hess</u>			Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Ida Hess</u>			How related to deceased <u>Mother</u>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

La Grippe

How long

10 weeks.

Immediate

Heart Failure

How long

sudden

Are the name, age, sex, color, date and place correctly given above?

yes

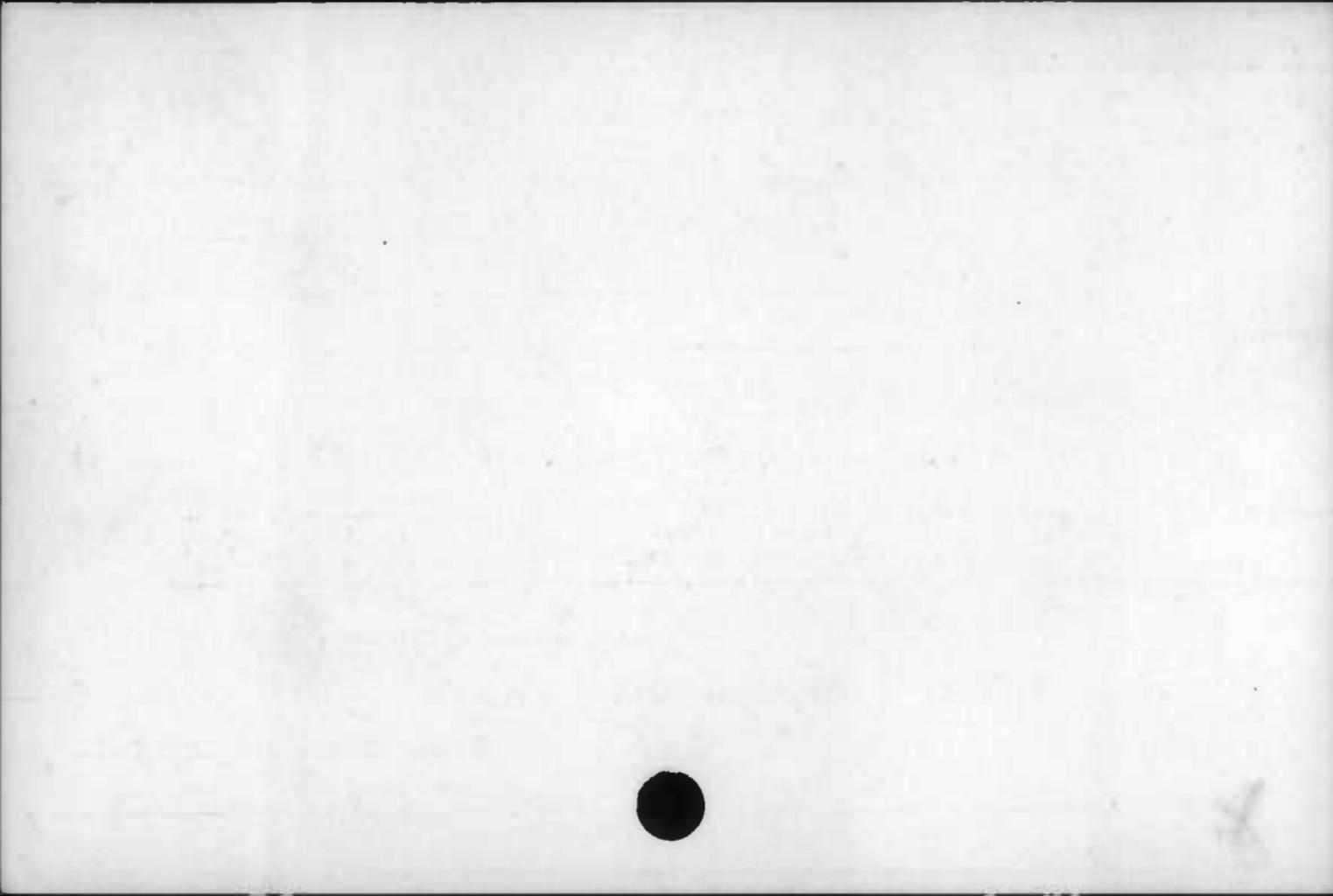
Signature of Physician

Address

Charles & Rose
Sawytown
Md

8

Accident or Suicide?



Name
in
Full

Basil Rheubothous

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Sykesville</u>		Town <u>Carroll</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>7</u>	Age <u>87</u> Years	Months <u>7</u>	Days <u>26</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place <u>Carroll Co Md</u>		
Occupation <u>Labourer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband <u>Mariah Rheubothous-deceased</u>					
Father's Name <u>Basil Rheubothous</u>				Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Wm</u>	Don't Know			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Noah Rheubothous</u>				How related to deceased <u>Son</u>		

CAUSES OF DEATH

93

How long

2 weeks

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

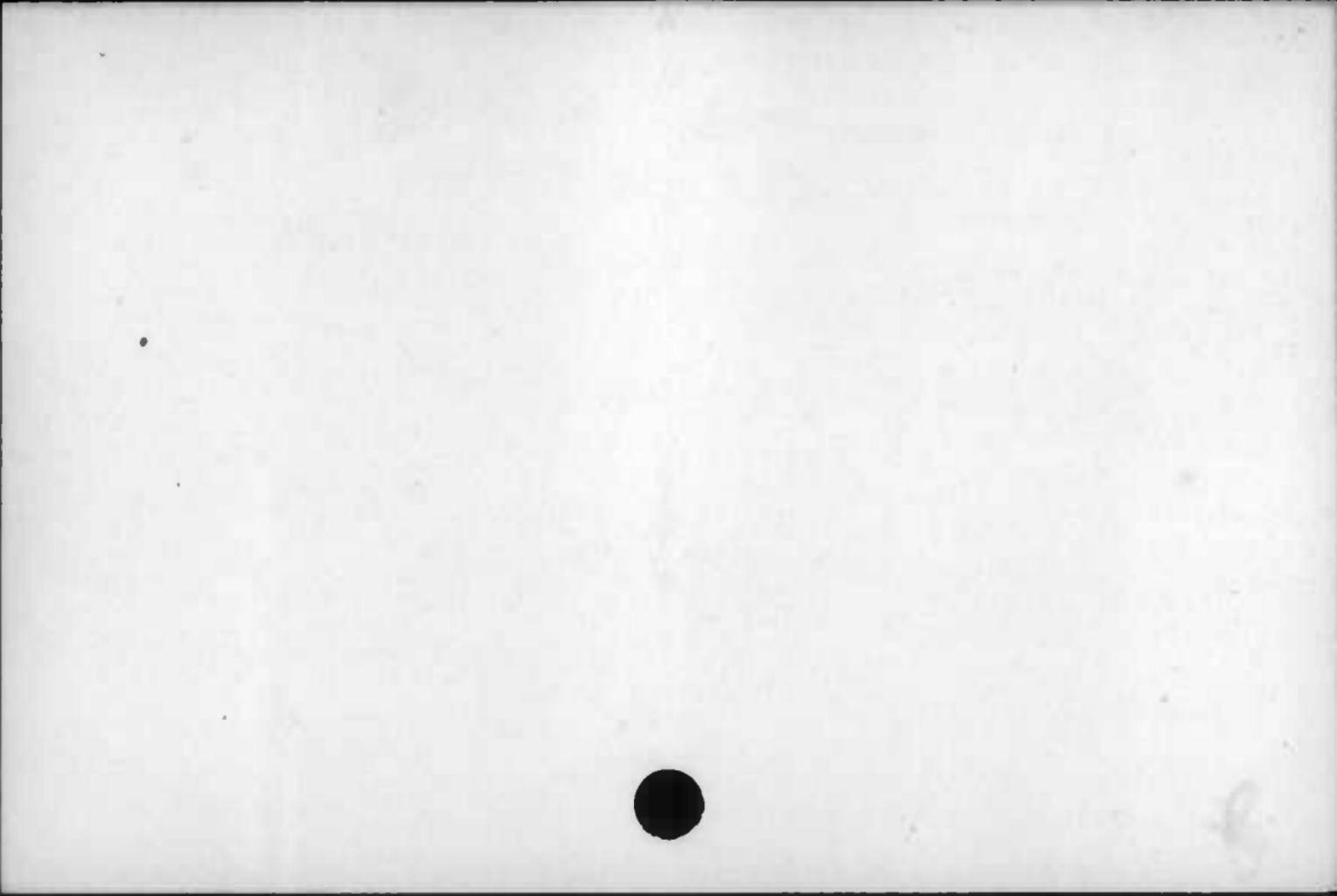
Signature of Physician

Daniel B. Sprecher
Sykesville
Md

Address

Accident or Suicide?





Name
in
Full

Amanda M. Reckards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at Springfield Hospital		County Carroll		MARYLAND	
Date of death 1908	Month November	Day 6 th	Years Age 36	Months —	Days —
Sex Female	Color or Race White	Birth- place Maryland			
Occupation Stenographer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband None	Father's Name James S. Reckards		Father's Birthplace Delaware	
Mother's Maiden Name Sarah A. Todd.			Mother's Birthplace Maryland		
Name of person giving Information Hospital records			How related to deceased None		

CAUSES OF DEATH

27

How long

9 months

?

How long

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

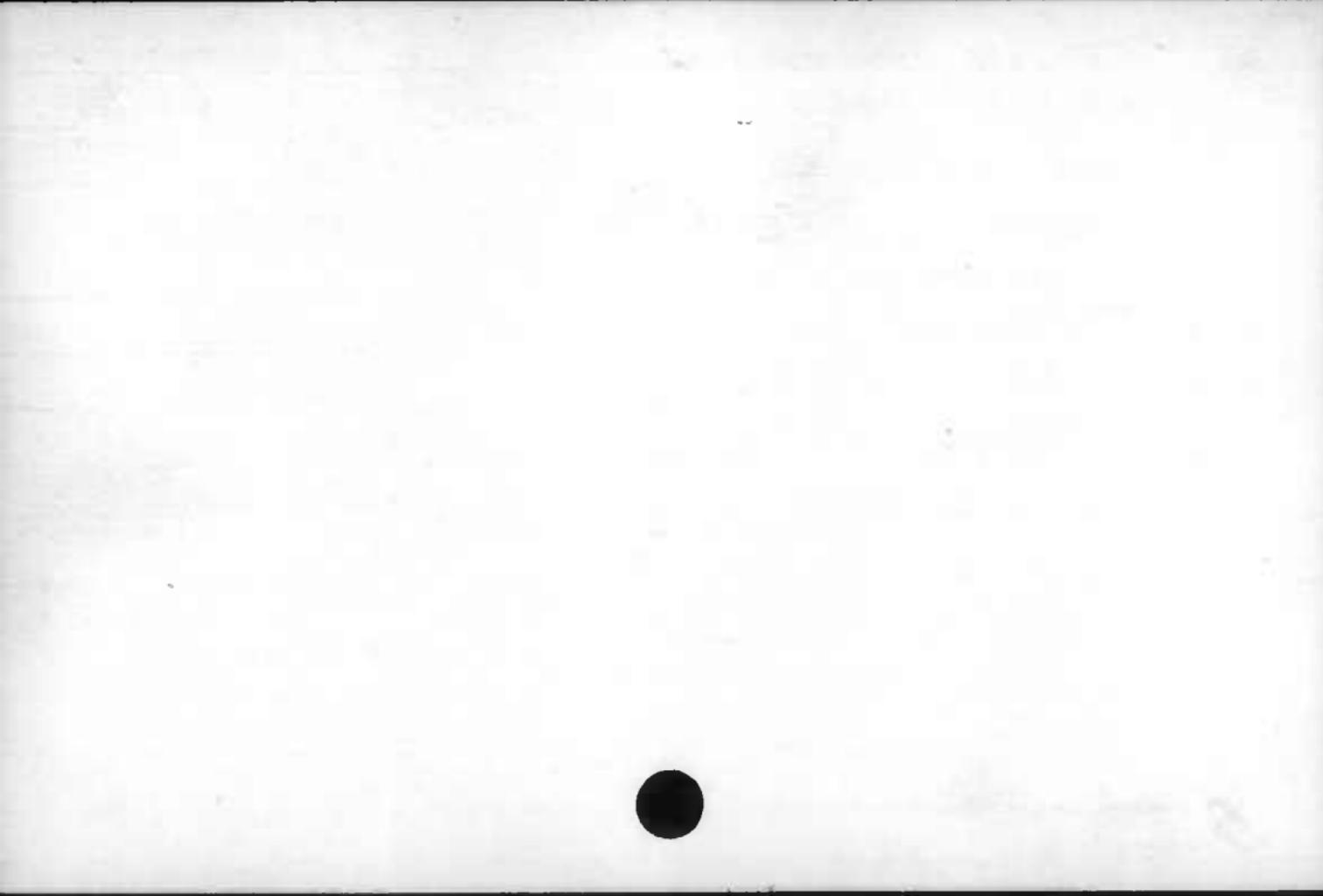
W. Henry Fisher M.D.

Sykesville

Md.

Accident or Suicide

No



Name
in
Full

Joshua Pinaman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at Taneytown, Md.		County Carroll		MARYLAND	
Date of death 1908	Month Nov	Day 30	Age 76	Years 3	Days 7
Sex Male	Color or Race White	Birth- place Carroll Co Md			
Occupation Laborer	Where Residing if not at place of death				
Married, Separated or Widowed Widowed	Name of Wife or Husband Malinda Pinaman	Father's Birthplace Unknown			
Father's Name John Pinaman	Mother's Birthplace "				
Mother's Maiden Name Elizabeth Baughman	How related to deceased Son				
Name of person giving Information Brine Pinaman					

CAUSES OF DEATH

79

How long
18 months

How long
1 hour -

Primary

Organic heart disease

Immediate

Heart Failure

Are the name, age, sex, color, date
and place correctly given above?

Yes

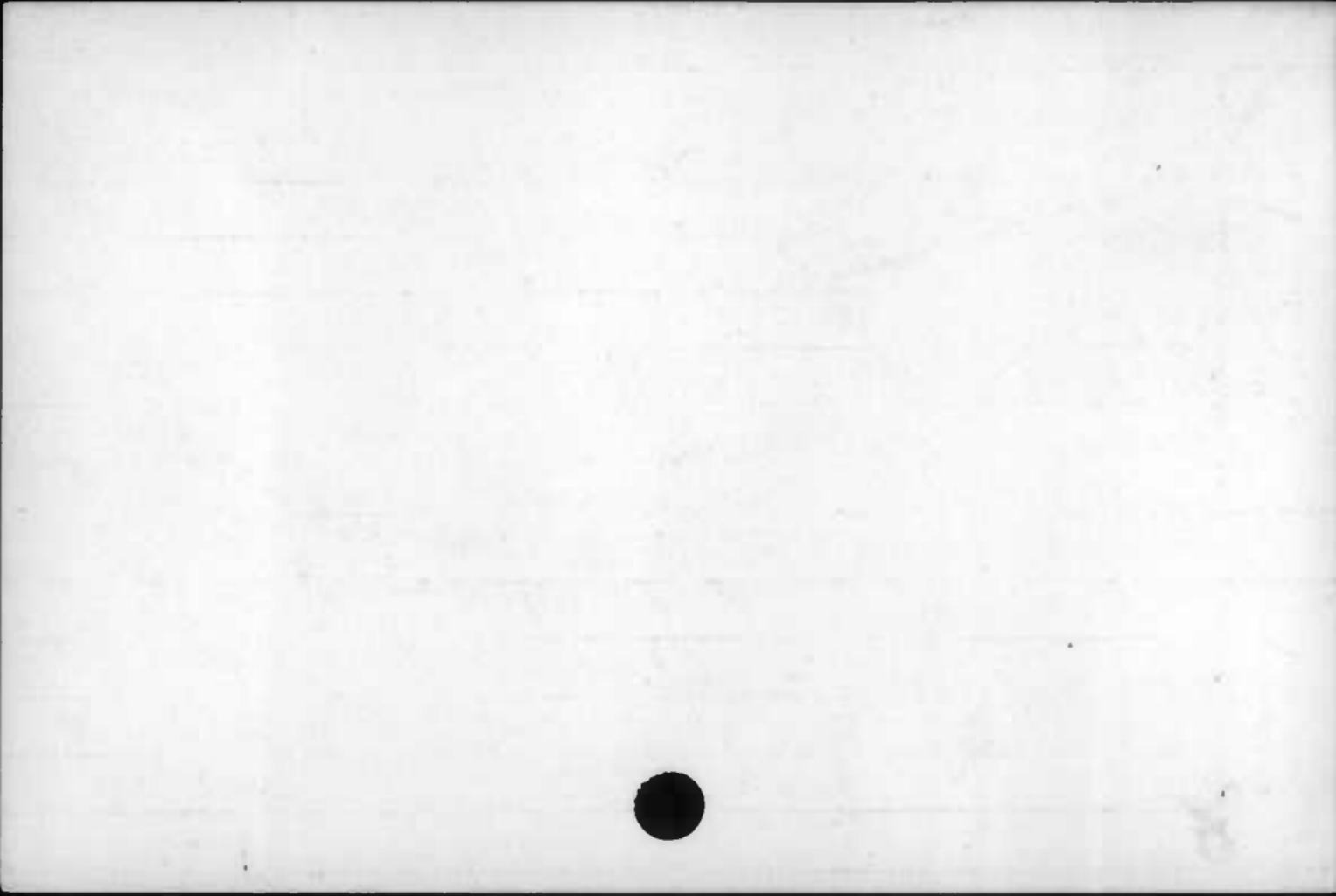
Signature of
Physician
J. H. Lewis

Address

Taneytown,
Md.

8

Accident or Suicide?
no



Name
in
Full

Roberta Shriner

411
CERTIFICATE OF DEATH

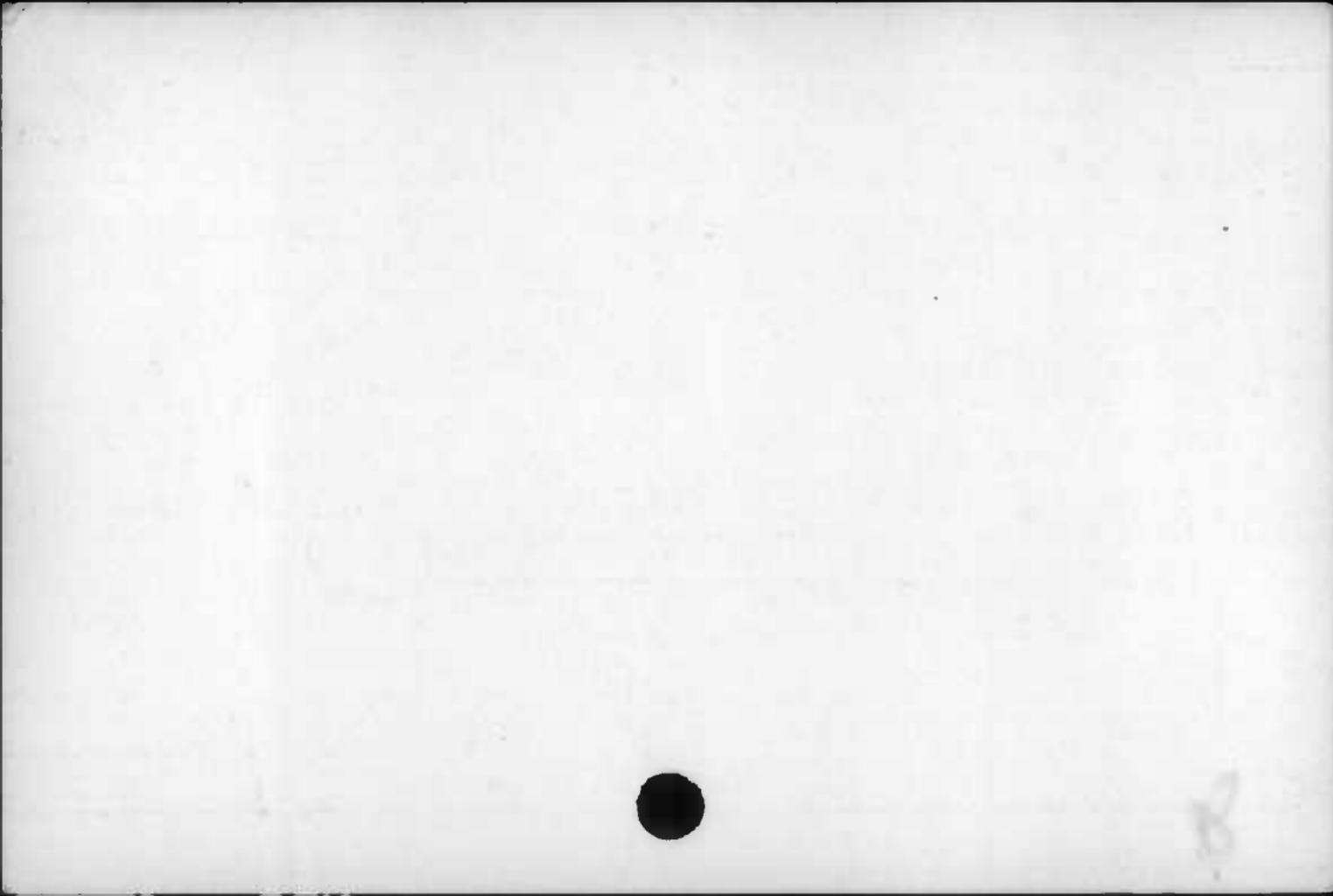
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place			
Occupation	House Wife	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Wm J. Shriner				
Father's Name	Robert Lyon	Father's Birthplace					
Mother's Maiden Name	Mary E. Latimer	Mother's Birthplace					
Name of person giving information	Wm J. Shriner	How related to deceased					
CAUSES OF DEATH							
Primary	Paralysis	How long					
Immediate	Failure Respiration	4 days					
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Thos. J. Coonan M.D.			
			Address	Westminster Md.			

8

Accident or Suicide?



Name
in
Full

Raymond Franklin Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Manchester		Town _____		County Carroll		MARYLAND	
Date of death 1908	Month Nov	Day 13	Age 1	Years 1	Months 10	Days 3	
Sex Male	Color or Race White	Birth- place Manchester Ind					
Occupation —	Where Residing if not at place of death						
Married, Single or Widowed —	Name of Wife or Husband —						
Father's Name Harvey E Smith	Father's Birthplace Carroll Co Ind						
Mother's Maiden Name Sadie S Kneller	Mother's Birthplace Carroll Co Ind						
Name of person giving Information Harvey E Smith	How related to deceased Father						

CAUSES OF DEATH

105

How long

6 days

How long

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

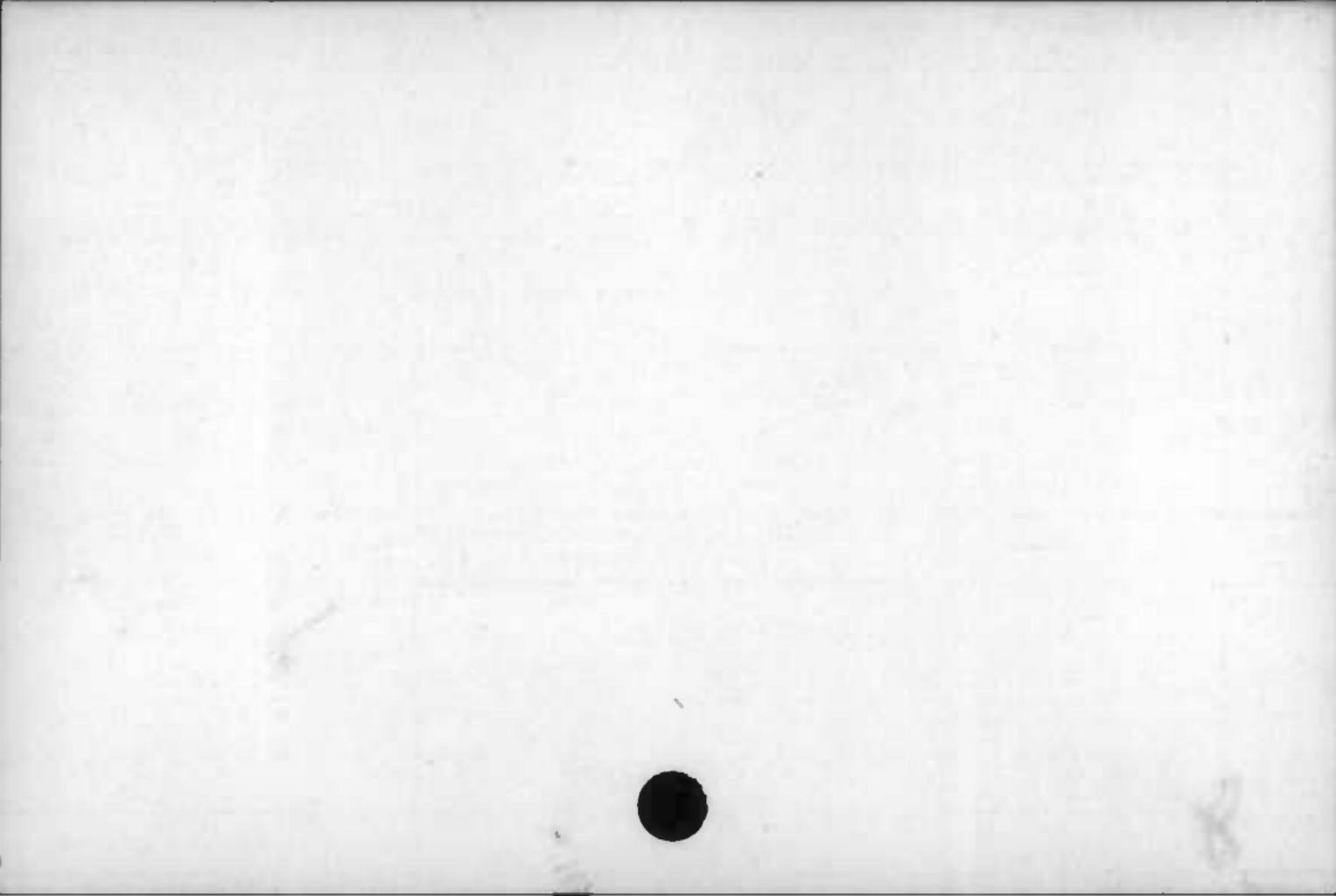
Signature of
Physician

Address

J H Sherman M.D.
Manchester Ind

J

Accident or Suicide?



Name
in
Full

John Thomas Stocksdale

No. 412

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mar Gaumer Town

County

MARYLAND

Date of death 1908 Month Nov Day 18

Years

Age 81

Months

3

Days

25

Sex Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Maria Stocksdale

Father's
Birthplace

Father's
Name Noah. Stocksdale

Maryland

Mother's
Maiden Name

Catharine Harris

Mother's
Birthplace

Name of person giving
Information

Emily A. Stocksdale

How related
to deceased

Daughter

CAUSES OF DEATH

41

Primary

Intestinal Cancer

How long

6 months

Immediate

u

u

u u

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

J. E. Shipley M.D.

Address

Westminster

Md.

8

Accident or Suicide?

Sharrer

Gamber

Name
in
Full

John Stuller

417

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Westminster		County	Carroll		MARYLAND			
Date of death	1908	Month	Nov.	Day	28	Years	60	Months	—	Days
Sex	Male	Color or Race	white	Birth-place	Ned					
Occupation	Farmer		Where Residing if not at place of death	Middleburg.						
Married, Single or Widowed	Single	Name of Wife or Husband								
Father's Name	Don't know unknown		Father's Birthplace	unknown						
Mother's Maiden Name	Don't know unknown		Mother's Birthplace	unknown						
Name of person giving information	Augustus Heubert		How related to deceased	Friend.						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	several months
Immediate	dropy & heart failure	How long	several days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. Rodoutz, M.D.
		Address	Westminster, Md., Reg. Vital Stat.
Accident or Suicide?			Ned.

Chas F Groft
Meadow Branch

Name
in
Full

Arthur C. Tipton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hempstead</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>11</u>	Day <u>21</u>	Age <u>23</u>	Years <u>3</u>	Months <u>3</u>	Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Hempstead</u>				
Occupation <u>Clerk</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Not Known</u>				
Father's Name <u>Wm E. B. Lipton</u>	Mother's Birthplace <u>—</u>					
Mother's Maiden Name <u>Laura Beutz</u>	How related to deceased <u>Father</u>					
Name of person giving information <u>Wm. E. B. Tipton</u>	27					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

4 months

Immediate

Heart Failure

1/2 hour

Are the name, age, sex, color, date and place correctly given above?

yes

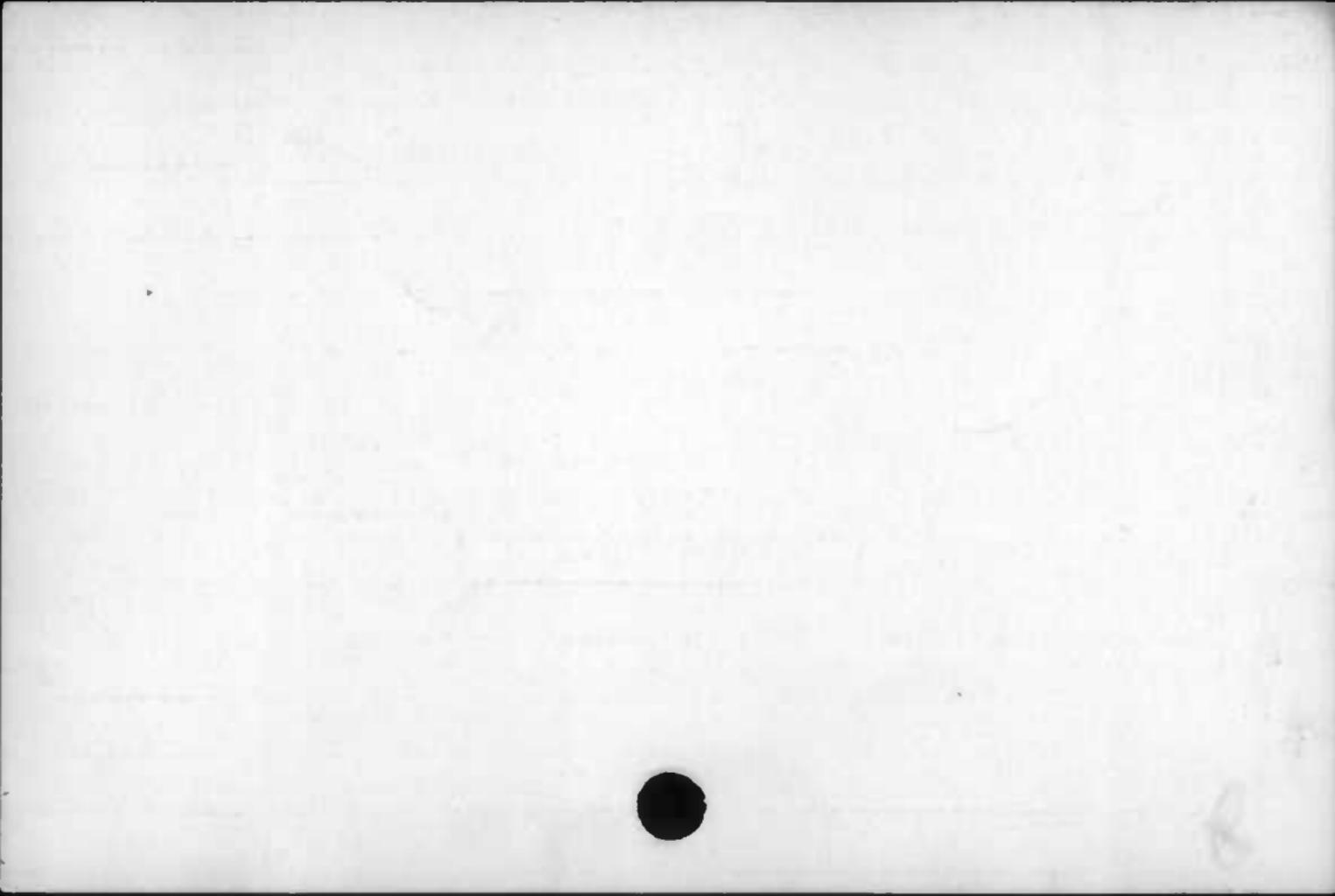
Signature of Physician

Address

R. F. Richardson M.D.
Hempstead

J

Accident or Suicide?



Name
in
Full

Ralph Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gamber</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Nov.</u>	Day <u>12</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>5</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Ind</u>	Where Residing if not at place of death				
Occupation <u>Infant</u>	Name of Wife or Husband <u>—</u>		Married, Single or Widowed <u>Single</u>				
Father's Name <u>Lee F. Ward</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace <u>Carroll Co. Md.</u>				
Mother's Maiden Name <u>Elain Barnes</u>	Name of Wife or Husband <u>—</u>		Mother's Birthplace <u>Carroll Co. Md.</u>				
Name of person giving information <u>Mrs. Jubay Barnes</u>	Name of Wife or Husband <u>—</u>		How related to deceased <u>Grand-mother</u>				

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary

Cyanosis

How long

3 hours

Immediate

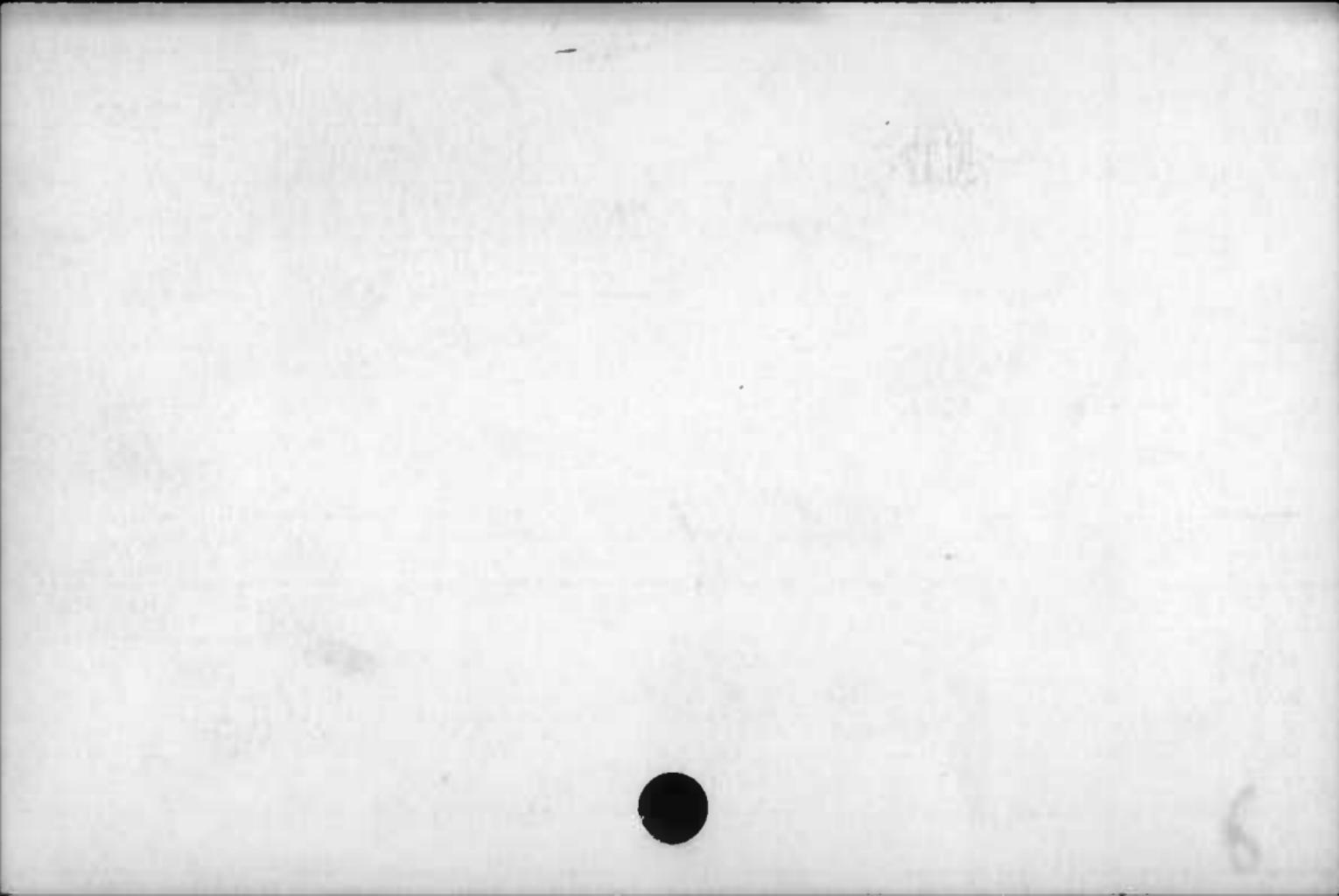
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. M. Slade
Reisterstown Ind.

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Phaniel Wentz

CERTIFICATE OF DEATH

Died at 6 Discs.		Town	County Carroll		MARYLAND	
Date of death 1908	Month 11	Day 6	Age 86	Years	Months 6	Days 23
Sex male	Color or Race white	Birth- place Maryland		Residence		
Occupation Miller	Where Residing if not at place of death		Elizabeth Schaeffer			
Married, Single or Widowed	Name of Wife or Husband John Wentz	Father's Birthplace Unknown		Mother's Birthplace Unknown		
Father's Name	Mother's Maiden Name Margaretha Ruhlmaw		How related to deceased Son			
Name of person giving Information	Geo P. Wentz					

CAUSES OF DEATH

166

How long

How long

Primary
Accident crushed in
mill machinery

Immediate
Are the name, age, sex, color, date
and place correctly given above?

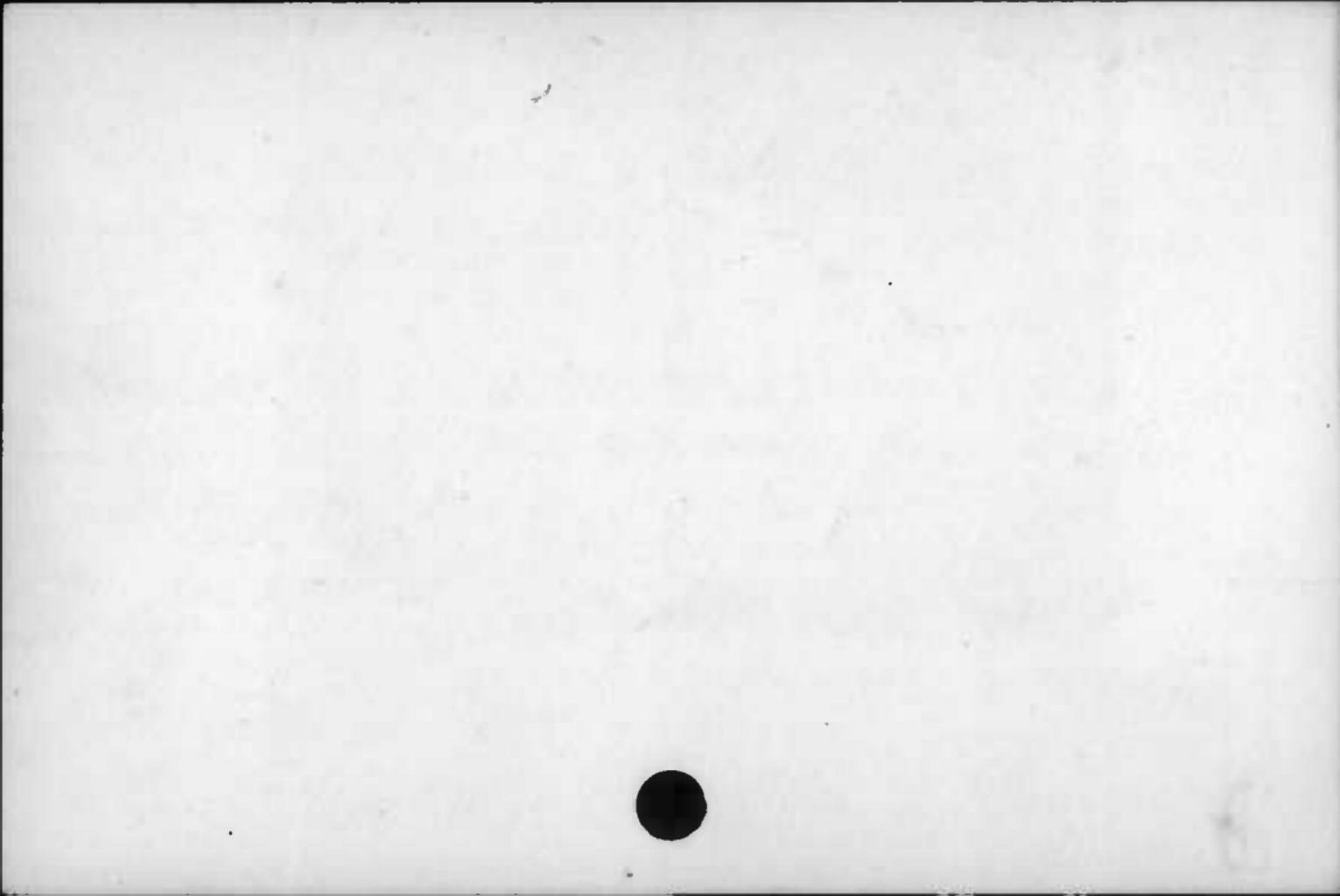
Signature of
Physician

Address

John Siegler
Melrose

Md

Accident or Suicide?



Name
in
Full

Miriam Wantz Yount

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Nov	Day 3	Years	Months	Days	65
Sex	Female	Color or Race	white		Birth-place	Taneytown	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Charles Edgar Yount					Father's Birthplace	Harrisburg Pa
Mother's Maiden Name	Mary Harrietta Reindollar					Mother's Birthplace	Taneytown Md
Name of person giving information	Charles Edgar Yount					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Post-Natal Ataxiasis

151

How long

5 days

Immediate

" " "

How long

" "

Are the name, age, sex, color, date and place correctly given above?

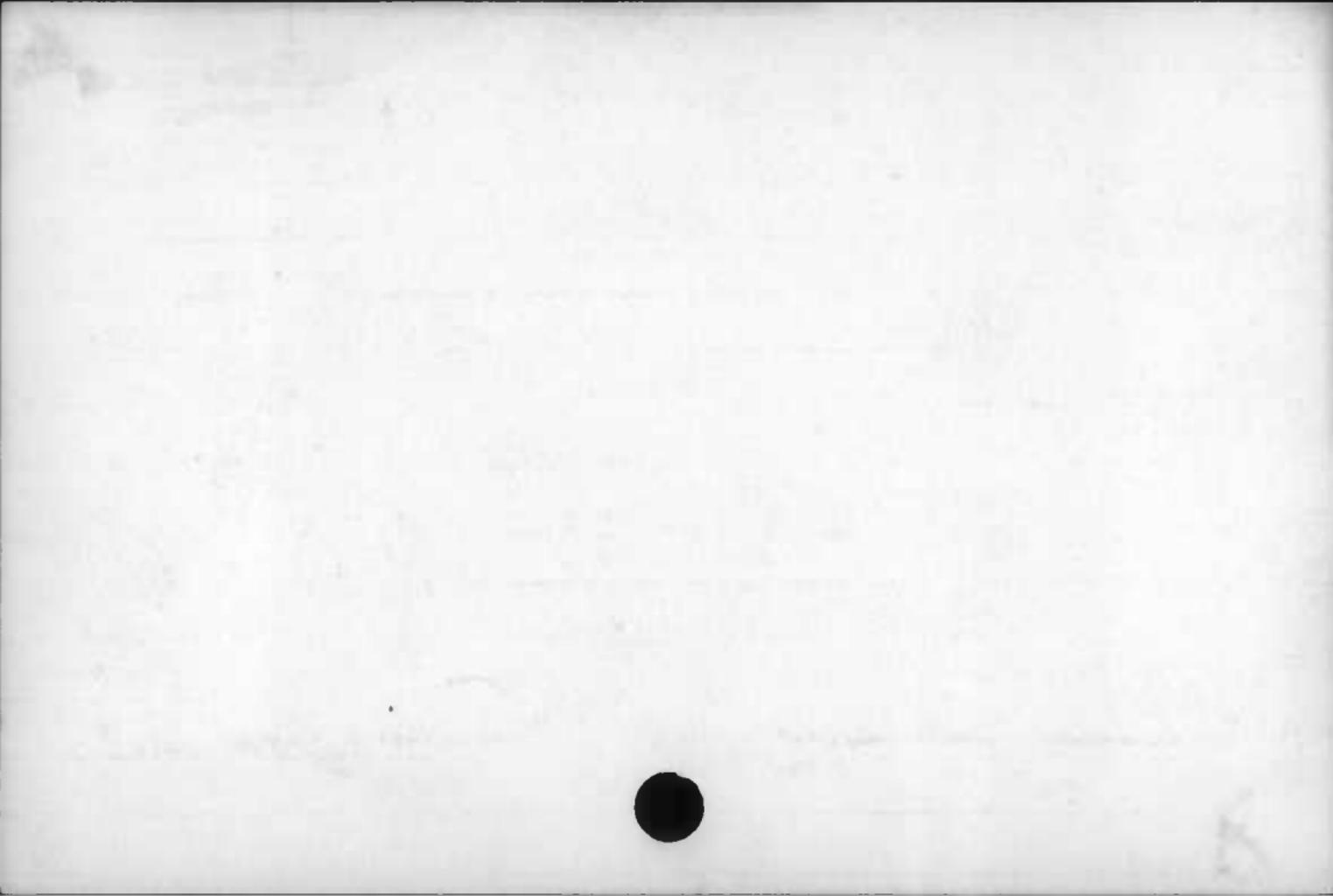
Yes

Signature of Physician

Address

Charles Edgar Yount -
Taneytown Md.

Accident or Suicide?



Name
in
Full

Margaret Elizabeth Zeff

410

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Edstrew Town Carroll County
Date of death 1908 Nov 3 Month Day Years Months Days
Age _____ 6
Sex Female Color or Race white Birth-place Maryland
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Carroll S Zeff

Father's Birthplace Maryland

Mother's Maiden Name Daisy V. Bartholomew

Mother's Birthplace 60

Name of person giving Information Howard Zeff

How related to deceased Grand Father

CAUSES OF DEATH

71

Primary Convulsion

How long 36 hours

Immediate Paralysis of Pharynx

How long 2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

T. J. Cooran
Washington

PHYSICIAN
OR CORONER

Accident or Suicide?

